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TRANSFERENCE AND SOME OF ITS PROBLEMS IN PSYCHOSES

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The principle of transference is one of the most important in psychopathology. This is proved by the fact that so much discussion has arisen on the subject, that it is one of the main points of attack for opponents of psychoanalysis, and that it is the question upon which psychoanalysts entertain widely divergent opinions. An appeal to practical experience is perhaps the best way to determine the real value of this principle. How should the transference be first established, how should it be sustained during the analysis, how should it be resolved and disposed of after the patients have gained sufficient insight into their condition to be able to dispense with it? These are some of the questions which confront the analyst, especially in large institutions for the treatment of the neuroses and psychoses. Here the transference is a vital problem, not only from a scientific point of view, but from the point of view of practical procedure, for even though the condition of certain patients may be such that the physician recognizes at an early date an unfavorable prognosis, actual results obtained through a positive transfer have demonstrated that the principle may be used to prevent patients from sinking to lower levels of chronicity and deterioration. It is perhaps not too much to say that transference is a very valuable means at the command of the physician, where complete recovery is impossible, to secure a tolerable adjustment at certain hospital levels. And in cases where recovery is probable it is upon the affective transfer that

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the success of all other measures looking toward a readaptation of the patient to life, depends.

A brief review of the mechanism of this phenomenon and of the well-known biological principle upon which transference depends explains the power of this agency in the reintegration of the personality. In the ontogenetic psychosexual development of the individual there are certain stages which must be passed through in arriving at maturity. The very earliest stage of this evolution is an instinctive craving to find a love-object. At first the child is autoerotic, he is his own love-object; then he seeks a love-object outside himself, first an object of his own sex as a transitional step towards the ultimate one of the opposite sex, that is, the heterosexual object.

Owing to internal or external causes, some of the love interests may remain at one of the lower levels of development, while the others proceed to maturity. Or, again, if difficulties or obstacles arise in the path of the individual, the developmental process may be reversed and the individual, following backwards the same path upon which he first advanced, may regress to the lowest level—to the affective conditions of earliest infancy, the undifferentiated autoerotic or narcissistic stage. Such cases are found among the malignant types of psychoses, as paraphrenia, dementia precox, etc. The constructive and progressive elements of the individual seem to be in abeyance and the destructive and narcissistic autoerotic cravings substituted therefor. This withdrawal from the demands of reality to the infantile narcissistic level with fixation at this level constitutes malignancy.

The connection between transference and narcissism has recently received much attention from the different schools of modern psychology, in connection with the war neuroses. Freud regards a trauma of the self-love as a cause of war neuroses, and in this way defends his view of the sexual origin of disorders of this nature. This narcissistic derivation would imply an unfavorable prognosis, as the inherent narcissism is a defect of character very difficult to overcome. Pfister, however, describes a case of war neurosis which he calls a "transference neurosis of the purest type", maintaining that the transference neuroses constitute a special type in this category, originating in a too strong transfer to parents or others. For cases such as this he finds the prognosis not unfavorable. In general it is maintained that a prognosis is favorable or unfavorable in proportion as the possibility of transfer is greater or less.

The narcissistic individual is incapable of making a transference

of an affective nature, as all of his love interests are self-satisfied. If patients of this sort begin to revel in day dreams and phantasies it is only in exceptional cases and with the expenditure of much energy that their interests and tendencies can be brought to expression at higher levels.

The opponents of the psychoanalytic school have directed vigorous criticism against the transference, claiming that a situation unfavorable for the patient is created when patient and physician establish such a relationship. These opponents have lost sight of the fact that this same affective feeling and personal devotion always exist between physicians and their patients; in fact, the transference is the basis of all human interests between individuals, the foundation of all human friendships, the basis of family ties, one of the most vital factors in the herding instinct and in human socialization. Freud was the first to appreciate the great significance of the transference and to explain its mechanism. But he himself advised the utmost caution in the manner of handling it.

The elementary emotion upon which transference is based is ambivalent, that is, it possesses both positive and negative quality—may take the form of love or hate, or the two forms may alternate. Upon the nature of the transference, then, depends the success of the adjustment of the individual to the world about him. His ultimate place in life is a resultant of his original cravings and desires, the extent of their development as he struggles upward to adulthood, and the resistances offered by the obstacles in his environment. In the normal individual it may be said that the constructive forces lead to a successful biological career and the transferences are made in accordance with normal affective demands. In the neurotic, on the other hand, with his fixations and attachments at lower levels of play or phantasy, all of which are at variance with the demands of reality and objective life, the transference, with its positive and negative dynamic force, may make or unmake the individual. The destiny of the neurotic or the psychotic, therefore, depends much more than that of the normal individual, upon the nature of the transference. Patients who, because of regression to a narcissistic level or because they have never developed beyond that level, are unable to form an affective attachment to a physician or any other person, make up a large percentage of the population in all large hospitals for the care of mental disorders.

Even when a patient is capable of developing a transfer it may be

of negative nature (hate). Such patients, however, may later develop a positive transfer to the person whom they at first hated or may develop love interests in others, another patient or a nurse, and this attachment may prevent profound deterioration and chronicity.

The establishment of this psychological rapport or affective transference is the first step to be taken by a physician, whether the pathological condition of the patient be of somatic or psychic nature—whether his malady requires the surgeon's knife, the X-ray to discover the fractured bony structure, or the ingenuity of the psychopathologist to bring to light the psychic conflict. From the transfer arises the feeling of confidence and safety which the patient has under the care of a competent physician.

An element of great significance in the transfer and one which must never be lost sight of, is the essential bisexuality in the characterological make-up. It has been held that a psychological and physiological bisexuality determines in each individual both male and female characteristics. Between these two elements there is an unconscious hostility. This bisexuality, at birth equally balanced both functionally and organically, later tends to change rapidly during the developmental period until maturity, when the normal man or woman emerges, who, however, still retains a residual of the contrary sexuality. These elements of the opposite sex are much more exaggerated and manifest in some individuals than in others. The psychic ambivalency is an important determinant in the transference and permits the patient to form an affective attachment to physicians or persons of either sex. Indeed, it is frequently found advantageous not to have such patients handled exclusively either by physicians of their own or the opposite sex, and by a judicious alternation both the homosexual and the heterosexual mental content may find an adequate affective expression.

In psychotherapy it is only after the transference is securely established that the analyst is able to release the patient's psychological content from its fixation in the unconscious and to deal with this content in a manner that will enable the patient to make a readaptation to life. The negative transfer is likely to make its appearance if patients lose confidence in the analyst, and when this occurs, they find no relief from their symptoms, and a normal adjustment is replaced by regressive processes.

It is easy to determine that the transfer to the physician helps those interests that are introverted to free themselves from selfish

fixation and become objectified. The family group with its different characters becomes the prototype of the patient's later friendships and affections. The psychoanalyst comes to represent the patient's parents, either the father or the mother. The analyst becomes, as it were, the repository of the "affects of the patient and represents each person in turn as revived in the course of the analysis, who had an emotional interest for the patient." This identification with natural objects of affection is not at first consciously recognized by the patient but must later be brought to light by analysis. The repressed neurotic conflict with its unconscious resistances must be made conscious, a gradual reintegration of the dissociated personality must be established with full insight or psychological understanding.

In an institution, more than elsewhere, there is opportunity to observe the favorable effects of the transfer, for the physician is in contact with his patients daily over a long period of time. The transfer should always be taken advantage of to aid the patient to adjust at as high a social level as possible, even in cases where there is a tendency to malignancy. But the great difficulty encountered in an institution in regard to the transfer is its instability. This is due to the fact that the physician is often obliged to exercise both a custodial or administrative function and that of adviser. The result of this may be that the patient has a positive transfer to a physician one day and the next a negative transfer.

The method of disposing of the transference at the proper moment has been a point of fundamental difference between the various schools of psychoanalysis. Freud is of the opinion that the transference may be used in certain exceptional cases to the extent of a limited interference in the life of the patient, but there are cases where the patient's desire for a cure is weakened by reason of the transference to the physician. Such a transference is a real hindrance to the success of the therapy and should be avoided. There must always be a dissolution of the transference if the patient is to make a complete recovery and lead a useful existence. Freud states that it has been his invariable custom to refuse to make of his patients close adherents and followers and to impose his ideals on them. Jung, on the other hand, continues to make use of the transfer in a synthesis which he claims should follow the analysis, to the extent of aiding in a readjustment to normal conditions, by following the "prospective tendencies" disclosed by the analysis.

The dissolution and disposal of the transference and the freeing

of patients from dependence on the physician in an institution is of great importance. In terminating patients' treatment and sending them out into the world the physician has a certain responsibility. In such situations patients are forced to rely on themselves unless the physicians do follow-up work or keep the patient in some contact with the hospital, through social workers. In many cases it is well to retain a successful transference to some extent, especially where patients have passed through a severe psychosis; for, even where there is complete recovery there is always susceptibility to recurrence under stress. Besides, the patient who has suffered from a psychosis has to overcome the ever-present prejudice of the community against one who has passed a term in an institution. This is no small problem for the sensitive patient, especially for those who have feelings of inferiority. Such patients, while they understand the results of the analysis, have a tendency to flight from reality, as this is the line of least resistance, a tendency which is very likely to assert itself when difficulties of any sort are encountered.

Case 1. A. G., aged thirty-one; admitted August, 1920, suffering from an anxiety state; mildly apprehensive, agitated, depressed and restless. She had attempted to drown herself in a bathtub a few hours before she was brought from her home to the hospital. She said she wanted to die for she had injured her mother's feelings so deeply that her mother would never forgive her. She was beginning to hallucinate voices which told her that she did not love her mother; that her mother had not loved her as she should have done. She stated that she had taken sides with her husband against her mother in a family altercation.

She entered the hospital willingly and showed a full realization of her need of treatment here. It was several days before she became accessible and a positive affective transference to the analyst was made. Then the psychological content of her unconscious was revealed. Her difficulty proved to be that she had a strong mother fixation. After the analyst was identified and objectified as the mother image the patient's interests, which were becoming introverted as a result of her conflict, were transferred to the analyst and she began to improve.

Family History: Hereditary element denied. Parents both living and in good health. Father of rather nervous disposition and inclined to be melancholy. Mother, a dominating type of personality, whose influence on the patient's life was the cause of some of her biological difficulties. Several brothers and sisters, all well and prosperous.

Personal History: Born in 1889, third in a fraternity of eight. Birth and development were normal. Weaning was accomplished without nutritional disorders. Patient sucked her thumb until she was four years old.

Had ordinary diseases of childhood, but her general health was good. Typhoid fever at twelve but made an uneventful recovery. Had pneumonia three times.

At the age of six entered school, enjoyed her studies, making an average progress and completing the eighth grade at fourteen. She mingled with other children, but as a rule stayed at home playing with dolls and with her eldest sister, Edna, of whom she was very fond. As she grew older and was able to work she had little time for play, because she helped at home to care for the household, as her mother assisted the father, who was a storekeeper, in the general work of a store and butcher shop. When the patient was not employed in housework she, as well as the other children, assisted their parents in the store. Parents of the patient were thrifty, hard-working people of German descent who were strict with their children and expected them to work when they were able to do so. Neither parent was affectionate or demonstrative with the children, but they provided for them amply. The patient loved her father but had a strong affective attachment to her mother.

Puberty occurred at thirteen. Had no sex instruction up to this time, but her mother explained this phenomenon to the patient's satisfaction and she was not frightened. No abnormal sex theories were given. The patient was an affectionate child, loved her mother dearly and always craved some demonstration in return. Her mother's unresponsive attitude was a source of great distress to her. Edna, the patient's eldest sister, was the favorite child of their mother, who always praised Edna's work but criticized that of the patient, constantly reminding her of her inefficiency. The patient was an extremely sensitive child, timid and diffident, who longed for sympathy and praise, and the unfavorable comparisons of the efficiency of the two sisters made by her mother, together with the lack of sympathy shown her, fostered a feeling of pathological self-consciousness and inferiority, the realization of which was the fundamental basis of the psychosis. She successfully concealed and repressed these feelings, yet she rebelled against them unconsciously, and later, under mental and physical stress, her resistance against the forced repressions became manifest, resulting in some dissociation of the personality.

The patient strove to compete in work with her sister and also to gain her mother's affections. She said that she tried to do her work well, but nothing that she did suited her mother; instead of praise she only received criticism and ridicule. She said, "The more I tried the more I failed." The final humiliation, distress, and discouragement arose when her mother discontinued her weekly allowance, a sum she gave each of her children for their work. This act on the part of her mother aroused a strong emotional reaction and created a lasting impression on the sensitive child. During the analysis she frequently referred to her mother's

injustice to her in this matter, and she retained a bitter hostile feeling toward her for it.

The patient was fond of society and had many friends, and at the age of twenty-three married a man a few years her senior. The patient's mother criticized her here again for her choice of a husband. She did not oppose the marriage, yet showed that she did not approve of the patient's selection. Her attitude at this time had a strong affective bearing on the married life of the patient, and was in some degree the etiological basis for the patient's later flights from reality. She repressed this affect, but it was probably an exciting factor in a psychotic episode which occurred subsequent to the patient's engagement to be married. She evidently passed through a severe emotional crisis which produced a mental illness of a transitory nature, but which the patient described as similar in character to the present illness. This was also confirmed by the relatives, who stated that the patient was kept in bed a week after she had developed a confusion of a mild nature.

The psychotic attack, according to the patient's retrospective account, was precipitated by a reprimand from her mother over some trivial offense in performing a domestic duty. After the reprimand she became discouraged, wandered away from her home in a bewildered condition and returned after thirty-six hours in an apathetic and disinterested state. Her clothes were wet and bedraggled and she was unable to tell her friends of her whereabouts during her absence. They failed to learn anything about this incident, although a search was kept up for her by her relatives while she was away from home. The patient had some amnesia for this period, although during the analysis she stated that she had wandered into a grove on the outskirts of the city to a secluded spot; had sat down on the bench where her husband had proposed marriage; and had remained there for some time. She had finally become frightened and had wandered about all night; had then returned home the following day, having walked a distance of about ten miles. It is possible that this mental breakdown was the result of a strong affective reaction produced by the anticipation of leaving her parents' home and by the contemplated separation from her mother.

Kempf has discussed the importance of recognizing the fact that when individuals have too strong an affective attachment to one of their parents they often experience a deep anxiety on attempting to mate, because in the mating the individual attempts to repress the affective interests that do not idealize the object, and the repressed affect produces anxiety through its struggle to break through the resistance so as to find a love-object. This patient suffered from her first anxiety when she became engaged and was about to be separated from her mother and establish her own home.

The husband of the patient is an effeminate, neurotic, dependent type of individual. Married life has been fairly happy. Two children were born of this union, a boy who was five years of age and a girl who was about six months old when patient was admitted to the hospital. First two years of married life were spent with the parents of the husband. Coming to Washington at the beginning of the World War, her husband was employed as a clerk in a munition factory. His long hours of work left her alone much of the time evenings. She missed the companionship, and when she became pregnant this loneliness became exaggerated, for she was compelled to remain at home without diversion of any kind. She was even denied the pleasure of going to church. Neither parent wanted this second child, as it would be an additional expense at a time when the husband's work was dull and the factory was about to be closed. The husband blamed his wife for her condition and reminded her of the extra expense to the household. He became irritable toward her. As she was alone so much of the time, especially evenings, she brooded over her condition, became depressed, had insomnia, became fearful, and dreaded the approach of her confinement. Both parents hoped that the child would be a boy, and it was a great disappointment when a girl was born. For this the husband again complained and fretted and blamed her. Her nervousness increased while in a hospital during her confinement, and when she returned to her home she was far from well. She did not love the baby, which was cross and awake at night, and she felt that it was an interloper. She lost interest in her home. A few days after the patient's return to her home a neighbor, a favorite friend, was burned to death in an accident under the most distressing circumstances. This incident added to her other stresses brought matters to a crisis, the patient developed an excitement, her mother was sent for to help care for her.

The situation in which she was placed was not conducive to a rapid return to mental health, for her mother showed her antagonism for the husband, and during an altercation she reminded him of his selfishness, inattention, and neglect of his wife, and blamed him for his wife's condition. During the quarrel the patient took sides with her husband against her mother, and told the mother that it was she and not the husband who had always neglected the patient. She also told her mother that she did not love her, that she had shown lack of sympathy to her when the patient was a child, and that her childhood had been passed under depressing influences. Patient accompanied her mother home and remained there several months. She was thus relieved of the care of her children, being kept in bed several weeks. She finally returned to her own home very much improved. Here she found the situation unchanged; work seemed a burden, baby was cross, and she had still little love for the child, who had brought additional cares to her. Her husband's attitude had not altered; he was kind, but she was too closely confined with extra work and he had made no attempt to give her more companionship.

He spent the evenings away from home; she was alone and again became nervous, growing rapidly worse, and finally developed a psychosis with beginning dissociation of the personality, depression, and anxiety; she attempted to drown herself in the bathtub. She admitted that her repressed unconscious affective cravings were centered on her mother. She repeated, "I do love my mother. She is not to blame for my troubles. I told her she was unkind to me when I was a child, but it is not so." She was oriented but unhappy and very anxious. To some degree she was inaccessible because of introversion tendencies and mild auditory hallucinations. She hallucinated voices for several days and did not discuss her trouble, but reacted to these sensory disturbances. She stood around wringing her hands and manifested anxiety. It was difficult to gain her attention. She was fearful and apprehensive in behavior. Finally, after a number of days had passed and she had been given much personal attention, she made a positive transference, the nature of which had an important influence on her rapid improvement and rather prompt recovery.

Through this transference she had found the sympathy which she had always craved from her mother. In my contact with her, I was the object of mother identification and this transference enabled her to freely discuss her conflicts, which were rather intense and had been repressed but were now entering the conscious field. When admitted to the hospital there was a beginning dissociation of the personality but the affective transference saved the patient from further autoerotic and regressive tendencies. She made this transfer, which was a substitute for the mother love that had been denied her. When the feeling of love has not been adequately reciprocated in early childhood the lack of love often continues to be felt in adult life, there being an intense longing for affection. In this patient the craving was satisfied to a certain extent when she made a positive transference to me.

After the transference was made her behavior was childlike in her devotion. She watched longingly for my appearance on the ward every day, and when other duties prevented a daily interview she displayed great disappointment and unhappiness for a time. This patient had a strong mother attachment which she felt was not reciprocated; her husband was also unresponsive and was unable to satisfy her strong instinctive cravings. In her desire for a love-object mother and husband were psychologically identified as a means of obtaining such an object. The conflict, in which her husband and mother figured prominently, was between two sexual forces, the one

leading her on to a successful wedded life and the other pulling her back to an infantile fixation. She made a struggle for a renunciation of all affects in competition with her husband, while there was still a strong force claiming for itself a mother's love and interest.

This psychosis may be considered an episode of anxiety in the patient's biological career resulting from the combination of influences which produced a critical situation in her life. From unfavorable influences in her early environment she developed a feeling of inferiority, and when similar influences were repeated in her married life and under the physical stress and lowered resistance of child-bearing, together with worry of an unpleasant situation in her home, she had a dissociation of the personality with anxiety. Neither the husband nor the mother had insight into the suppressive attitude with which they influenced the patient or the part they played in the mental illnesses from which the patient suffered. It is a well-known fact that the adult career of an individual is fundamentally determined by the family situation, which molds the affections of youth unless successful later adjustments are made. This patient had not made an adequate adjustment to her married life and the psychosis resulted.

The patient made a prompt recovery after a few weeks and returned to her home. She has developed a normal maternal instinct for her little daughter and is at present well. The family relations were reconstructed satisfactorily as to the responsibility of the mother and husband for the patient's unhappiness.

The disposal of this transference was made without difficulty, for the patient realized the identification objectively, and as she progressed in the treatment the replacement was again established. She gradually gave up her phantasies and was able to overcome some of her own inferiority and incompetency, realizing her weakness and that these defects in her character were a basis for her neurotic and psychotic symptoms. She was discharged to her family as recovered four months after admission, when both the family and the patient understood that she must have encouragement and other interests to make an adequate adjustment. Since recovery she has developed a deep affection for her child, and the attention given it will probably compensate for her lack of love during her illness.

The transference in extroverted types of personality is not a steadfast and continuous affective attachment. The love-object is not a constant one but the affect is directed towards different indi-

viduals at different times, with all degrees of emotional attachment. The ambivalent tendencies of the elemental emotions love and hate is well illustrated in these reaction types. The patient will vacillate from love to hate towards the same person within a very short period of time. As the mental processes and associations are ever changing their direction and never reach a goal, so the love-object changes and includes in turn almost every person in the environment. Each person in direct contact with the patient receives either a positive (love) or a negative (hate) transfer, depending upon the conditioned experiences in the past life of the patient. Thus it is only by a circuitous route that the true affective transfer is finally made and an adequate love-object obtained.

There has been discussion, probably for this reason, as to the value of psychotherapy in its application to these extroverted individuals, especially the manic-depressive groups. Yet some successful results have been claimed by some analysts with such cases. Dr. Dooley has done valuable work with the manic-depressive psychoses and has reported some of her cases. She has obtained good results in acute manic attacks and has by analysis improved the behavior of some of the chronic patients so that adjustments at higher social levels among the hospital groups were made and the lucid intervals between attacks were longer than formerly.

In the excited stage the patients are too egotistic and self-satisfied to require a transfer. They do not feel the need of assistance. In the depressed phase, however, the transfer may be gained, for the patient feels the need of an affective object.

The following case is that of a woman suffering from cyclothymia. There was difficulty in retaining the transfer, but after it was effected the resistances were quite as obstinate to resolving it when the stage was reached where she should be released from treatment. This case was one of my first attempts at psychoanalysis, and not having fully learned the details of the technique I made the mistakes attributed to beginners, especially when I encountered the patient's resistance to the resolving of the transfer. She showed a strong affective reaction towards the situation and was deplorably childish in her behavior in dealing with her difficulties. Her resistance to the dissolution of the transfer was of a rather pathetic nature, for she invented all sorts of situations to prevent the freeing of the transfer. She would be petty, become angry, be lachrymose. She would make all sorts of complaints about her treatment in the hospital, making

charges of favoritism to other patients, criticizing and charging neglect because she could not have an interview every day while other analysts were giving daily interviews to their patients on the wards about her. She imagined all kinds of conditions and arranged all her past experiences in a rather mosaic pattern about the present situation in which she was placed. At one time I was identified as her mother, who dominated her in childhood and in adolescence; again I was the cruel husband who preferred someone else to her, resulting in jealousies towards various persons in her environment. She built up a family romance in which I was associated with the mother imago because of my executive position in the hospital; again she associated me with the loving husband as she first knew him, later with the husband when she had lost his love.

Her general attitude during her hospital confinement and treatment was one of sentimental brooding; her repressed affect was shown in the vacillating character of the transfer, which was at one time at the higher heterosexual level and at another at the more infantile homosexual level, first in the husband identification and later in the mother identification. Her affections were inconstant throughout the entire period of treatment because she allowed her jealousies such play.

Case 2.—Red Cross nurse, aged thirty-one years, admitted from Army in April, 1918, suffering from a depression; had attempted suicide a few days before admission by taking an overdose of morphine. Had periodic depressions, especially during menses, for several years, but under the stress of army life the depression had become pathological and she had become unmanageable and resistive so that she could not be cared for in the army camp. On admission she expressed a feeling of humiliation because she could not adapt herself to military life.

Family History: Showed very bad heredity. Father had been an invalid for ten years, having suffered from a depression following financial losses, with gradual failure of physical health. From the symptoms patient suspected at one time that he had general paresis, but as he has not had any further mental symptoms, and it is not consistent with his habits, she has given up this idea. Mother living and is of a domineering disposition, the ruler of the family, suffering from rheumatism; had a deep depression at the menopause, which was coincident with the family financial reverses. Of a family of seven children, only one, the eldest brother, appears to be free from nervous symptoms. Her eldest sister developed a goiter with tachycardia after marriage; second brother is dissipated, has peculiar temperament, and is the cause of many family conflicts; third brother died of meningitis at two and one-half years;

one sister married a man who later had a psychosis, and this sister is now suffering from paranoia. Youngest sister is now suffering from a goiter.

Personal History: Patient was the youngest in a family of seven. Enjoyed good health, was a happy natured, easy going girl, but suffered from loneliness when a child because her mother would not allow her to mingle freely with other children. The mother felt herself socially above other persons in the neighborhood, but she did not dress the children in a manner to make them at ease with children of the better class. The patient was a submissive type and suffered much humiliation from this deprivation of child associates, feeling herself an outcast among the children because her clothes were queer and old-fashioned and not as good as theirs. Received only a common school education, while the remainder of the family had the advantage of a high school training. When she was thirteen and ready to enter high school her parents moved to the country, where there were no good schools. Later, at seventeen, had one year of high school work. The lack of a good educational foundation made her feel inferior to her brothers and sisters.

Was socially inclined but never had an opportunity to mingle with those she considered her equals. Menses established at twelve; had never had instructions on this subject but reacted normally. Had a sexual experience with her brother when she was eight or nine. Was frightened by a man who followed her from school when she was twelve. Was insulted by a man to whom she was engaged.

Taught school from eighteen to twenty-one, then married a man fourteen years her senior who attracted her by his mental brilliance and musical accomplishments. He did not treat her well, and soon after marriage he developed psychotic symptoms which now seem to her like those of general paresis, although at the time she lived with him she did not know that he was abnormal. She found he was a masturbator. He was selfish and miserly with her, had delusions of persecution, kept a loaded revolver in the house, would not allow her to have company, accused her of talking about him.

Patient had two children, both born normally and both living and well, the first born nine months after marriage and the second two years later. In the third year of her married life she was compelled to leave her husband because of his abuses. She obtained a divorce and lived at home with her parents. When in her husband's home she lived with his mother and a younger member of the family, a girl about ten years of age, of whose exact relationship she was never certain. This girl was supposed to be her husband's sister, although the neighbors told the patient that she was the offspring of the husband and his sister. This was never confirmed. The husband was always more devoted to this girl than he was to the children of the patient. The patient always resented this child's presence in the home, feeling that she was an interloper and the source of some friction between the patient and her husband.

After returning to the home of her parents the patient remained there two years. She helped her mother in the store and post-office, and also took up real estate business. She did not succeed well with this, so entered a state hospital and took a three years' course of training, securing a registered nurse's license. She began to have depressions during the last year of her training. These depressions were pre-menstrual and of about three days' duration. After completing her course and graduating in nursing she was depressed and tired out and gave up nursing for a time, spending the summer as a book agent. This proved difficult and unsatisfactory. She went to her home for a rest, then worked in a small sanitarium. Her depressions grew worse, and for the first time she thought of suicide. During one of the depressions she hallucinated voices. After this she did private nursing for a time, until the summer of 1917, when she temporarily took the position of head nurse in a sanitarium. Here she was annoyed by the attentions of the head physician, and on one occasion had illicit relations with him. She was very much troubled, resigned her position and enlisted with the Red Cross, and was sent to one of the army posts for nursing. Adapted well at first, but had the pre-menstrual depressions for about three months and was finally sent to the psychopathic ward. She remained there about six weeks and got on comfortably until she had a strong anger reaction, when she was sent to this hospital.

While in training in the state hospital she embraced the Catholic religion and placed her children in an orphan asylum belonging to that organization, as her parents were not in a position to care for them. When she renounced the faith in which she had been reared her mother became very angry with her and would not let her bring her children to her home. The patient was not always able to meet her financial obligations with the orphan asylum, and this was a source of worry to her.

On admission had good insight, realized that her depression was morbid and out of proportion to the cause, and said that the depressions were more marked when her prospects were brightest or when some new responsibility was required of her. She had a feeling of inferiority when among people with whom she would like to associate on equal terms. Said her sexual life had been normal, but felt that her whole life had been a series of continual repressions of all normal instincts. Her marriage turned out badly, she was unable to enjoy her children, and she had little opportunity for a normal social life. She had a feeling of inadequacy and a fear of the future.

The analysis brought out the fact that there were three persons in her early environment who influenced the development of her personality, her mother, her oldest sister, Ethel, and her youngest sister, Mercy. She resymbolized them in her environment in the

married life, in her life at the observation hospital at the Army camp, and in this hospital. Her conflict was worked out and her difficulties reviewed through the process of resymbolization of her affective desires, which were unacceptable to consciousness but were not denied expression.

Neither parent was an ideal personality for the best development of a sensitive, ambitious individual such as the patient. Her father was rather a negative type, and while she loved him, yet he played little part in the development of her personality. Her mother was the dominating character and a very forceful individual, the one whom the patient idealized as the all-powerful father. The influence of such a character on the patient was the basis for her feelings of inferiority, which later produced the neurosis and caused her so much unhappiness. Her eldest sister, Ethel, was deeply loved by the patient with a sisterly affection, a love transfer, and these sisters were congenial. Mercy, her youngest sister, was disliked by the patient, who had a strong homosexual transfer to her with a negative (hate) projection mechanism with mild delusional system. The patient blamed this sister for many of her life failures. (Mercy had taken an active part in a sexual experience with the patient when a child.) Mercy was the mother's favorite child, another factor that caused jealousy.

The mother was the individual in whom the transference reactions became identified. She was the all-powerful personality in whom the patient idealized the parent image, that is, the love-object of childhood resymbolized. The result was a sense of security as in childhood. She identified various persons with this conditioned mother image. Her husband and even the head nurse at the Army camp assumed the forceful character of her mother. After admission the analyst became both mother and husband. Vacillations of the transfer were again observed; she identified the child in her husband's home as Mercy. She also projected a hate transference to a Red Cross nurse who was admitted with her from the Army to this hospital (these two patients had much friction while under treatment at Saint Elizabeths). Later she transferred negatively to our Superintendent of Nurses, who was directly under the writer's supervision and who, she said, was also an interloper in the situation. She showed jealousy toward her, making unfavorable comparisons of her work as a nurse with her own. The patient discussed this situation freely and said that there was always someone in her environment who interfered

with her ambitions, her affections, and her friends: Mercy in her home; the child in her husband's home; the patient and nurse in the present environment. Her dreams brought out the various heterosexual and homosexual transfers, which the patient was able to understand to some degree. The resistances which arose when the transfer was about to be resolved were of interest because of the struggle the patient made against dissolution of the transfer. She converted psychical into bodily symptoms, raised all sorts of objections, criticized the analyst for not completing the transfer and for not allowing her to have a man analyst, who would have understood her better. The patient asked to be employed in the hospital so that she could be under direct supervision of the analyst, criticized her treatment and the hospital in general, the ward in which she was placed and the housekeeping, and was resentful toward her whole situation. It has been said by Jelliffe that "the transference is the strongest weapon of resistance." This proved to be true in this case, and the use the patient made of the transference as a weapon of resistance to final cure continued over a long period, for at least eighteen months after she had been discharged from treatment.

As the treatment progressed and arrangements for her discharge were contemplated she showed a strong reaction against this procedure. She simulated various symptoms, but there was no deep depression. She sprained her ankle getting off a street car after a visit to the city during which she was unsuccessful in obtaining employment in the Department of District Nursing. She exaggerated the symptoms. She remained in bed and was under treatment. After recovery she admitted (in a letter she wrote me) that she had purposely sprained her ankle in order to have an excuse for remaining here. During the ten-day period of treatment for the sprained ankle she tried all her wiles with the analyst and begged to remain in the hospital. She finally developed influenza, and as she was no longer suffering from mental symptoms she was sent to Walter Reed Hospital for treatment, being told that she could be discharged from that hospital when she had recovered and was well enough to travel. After her recovery from the influenza she demanded of the Walter Reed authorities that they return her here, as she felt that she was in need of further care. After much trouble she was finally discharged and transferred to her home in the West.

The analyst then began to receive regularly from the patient letters of an abusive nature reviewing all the weaknesses of the

hospital from the patient's point of view. About six months later she wired that she had been rehospitalized and inquired whether I wanted her back in the hospital, as the change could be made if Saint Elizabeths would receive her. I wired her in the negative. She then entered the training in the Veterans' Bureau and took up social work. In the meantime, through correspondence and with the help of psychoanalytic literature, she gradually came to understand herself and especially the transfer. She reviewed all the steps in the transference to me in her correspondence and has good insight into her resistances, informing me of them and of her attempts to adjust to the situation.

When her letters became too critical I would not answer them. She then wrote to Dr. Dooley, of the hospital staff, and referred to my silence as unkind, etc. She finally made a last struggle. When she had completed her course of training in the Veterans' Bureau she asked my advice as to the possibilities of her being employed in this hospital in the occupational department. Believing that the time when "active therapy" could benefit this patient had passed, I did not encourage her in this desire, so she made a final resolution of the transfer.

While in vocational training on one or two occasions she submitted to relations with men but wrote penitently of her fall from morality. She was a strongly heterosexual woman, and after she obtained a divorce she would not marry because of the restriction placed upon her by the Catholic Church. She had a struggle to keep the children with her while in training and she finally placed them out to board. But they are now living with her and are happy.

The weaknesses and mistakes in the transfer in this case were due to several factors. She and her associate were the first women nurses to be admitted during the great struggle and tenseness of the war. Much sympathy was felt for them by all in the hospital, for there was brought forcibly to the attention of the authorities the problem that women would be subject to the mental stress of war conditions as well as the men. Much sympathy went out to these two women and great pains were taken in caring for them and aiding them to adapt to the situation. Another factor was that the receiving building was isolated under quarantine because of a case of small-pox at the time of her admission, and for a couple of weeks these two women were in the environment of the convalescent patients and did not really come under the regular hospital restrictions. The most

important factor was that the writer's relation to the patient was at this time not only that of an analyst but also of an executive and custodial officer, which naturally interfered with the technique of the analysis.

Patient is at the present time doing well and has made a good recovery with full insight, supporting herself and children.

Case 3.—Young woman, aged thirty-five; Red Cross nurse; single; admitted to the hospital in August, 1918, suffering from a psychosis which she had developed in the army. She had been hallucinating visions and voices for about three or four weeks and said she was afraid she was insane; had enlisted as a Red Cross nurse four months before the onset of her mental symptoms. A few months prior to this enlistment she had resigned from the navy at the close of a probationary period on the advice of the authorities, because it was decided by her superiors that she was unsuited to life in military service.

Family History: Patient was born on a farm in Pennsylvania, the second in a fraternity of seven. Her father died at the age of sixty. Her mother is living and well. One brother died of meningitis at the age of fifteen. Another brother was always considered a mental defective and developed a dementia precox psychosis during the war while serving in the marines. He was hospitalized while patient was in this institution. The other members of the family are apparently normal.

Personal History: Patient always enjoyed good physical health; began school life at six; was a precocious child and was able to read before she went to school. After one year of school she developed a psychosis and was kept at home for two years; she described this illness, retrospectively, as similar to her present condition. Spent much of her time out of doors with her father; for these two years she was his constant companion. She derived great pleasure from the time spent with him and, running about as she chose, she learned much of nature from the birds, bees, and domestic animals. Her imagination was given free play and she believes she hallucinated voices at that time. As this is the age (seven to eight years) in which the phantasy of children is most active while critique is undeveloped, it is very probable that she could not distinguish retrospectively between fact and phantasy. However, her imaginative powers were active at that time and she had a happy existence for these two years in a flight from reality.

She recovered from the psychosis, returned to school, and completed her high school work without further interruptions at the age of seventeen. She began teaching a country school in her eighteenth year and taught for five years, taking up special training in teachers' courses during her summer vacation. She was ambitious and finally entered a hospital and began studying to become a trained nurse. At the end of her

probationary period the Superintendent of Nurses advised her to give up the work as she did not think the patient was adapted to the nursing profession. However, she made great efforts to keep up with the others in her class and graduated as a nurse in 1910. She then did private work as a children's nurse, and also did maternity work. While not very successful, she nevertheless saved considerable money because she had economical tendencies. She said that during this period she was not a favorite with the physicians, as were some of her associates, but that she was conscientious and faithful, and as a rule was able to secure employment with certain classes of cases.

In 1917 she offered her services as a nurse in the Navy Nursing Corps. She failed to make good here and resigned at the end of her probationary period upon the advice of the chief nurse. Later she entered the Nursing Corps of the Red Cross and was sent to Camp Wadsworth in March, 1918. She soon again became involved in difficulties with the head nurse; became suspicious and irritable and developed hallucinations; was more or less confused for a short period, and after a few weeks' observation was admitted to Saint Elizabeths Hospital.

Her mental symptoms when admitted to this hospital were a dissociation of the personality with hallucinations of hearing, irritability, restlessness, and dissatisfaction with her surroundings. She demanded her release: she appreciated to some extent the fact that she was suffering from a mental disturbance, but made a rationalization of her psychosis, and felt that she would be well as soon as she was released and discharged. She made a fairly good adjustment at a hospital level, but her relatives were advised against taking her from the hospital until she had fully recovered. She was finally discharged to the care of her sister, a nurse, as a social recovery. She was returned to the hospital at her own request the following month with an exaggeration of all her mental symptoms.

As to the family relationships, the mother did not enter to any great degree in the development of the patient's personality. The mother was an inoffensive domestic woman who devoted her energies entirely to her household duties and to the rearing of her children. As the patient, by the advice of the family physician, led an outdoor life, passing much of this time with her father, to whom she was devoted, she fell mainly under his influence. He encouraged in her a spirit of independence and self-reliance such as fathers usually try to produce in their sons rather than in daughters. She naturally formed a strong father attachment under these circumstances and her strongest ambition was to live up to his ideals. She was religious and devoted much time to the study of the Bible, receiving much comfort therefrom. Temperamentally she was aggressive, resisting

authority, and insisting on having her own way. This is probably one reason why she was unable to adapt to life under restrictions. She said that she had a desire to be "original and not influenced by others." She was more or less self-centered and had a tendency to hold aloof from the interests of others. She had a longing for authority but was not competent to be entrusted with it. From this arose her difficulties in adjusting to subordinate positions. She said that she was ambitious but not successful. To compensate for this inferiority in her psychological make-up she assumed a nonchalance; her attitude was cynical and overbearing with her associates. This reaction had as basis a fear of failure, for she had insight into her inferiorities. In one of the interviews with the analyst she stated that on one occasion a patient had told her that her best efforts as nurse were very poor, saying, "You are not worth your salt. You are a square peg in a round hole." In compensation for her failures in the struggle to play the dominant part she was very aggressive towards those associates who were her subordinates and refused to obey her superiors. Military life made her feel unfitted for competing socially and professionally with other nurses, exaggerating all her inferiorities, the result of which was incapacity for work and general inadequacy. The sense of her physical plainness enhanced her feeling of inferiority. She admitted that she had never received any attentions from men or even boys when she was a young woman, but she recognized that this was due to her unattractive physical appearance. She did not have many friends among her own sex, but appeared to be self-sufficient and claimed she did not care for companionship. Throughout the examination she was able to accept her bisexuality and had some appreciation of her biological difficulties.

In physical appearance she was unusually plain. Her head and face were masculine in type, her features coarse, her skull was large, she also had a large nose and unusually high malar bones. Her skin was coarse and covered with acne when she was admitted; this affection later disappeared. She was exceptionally sensitive about her looks, which had always excited ridicule. She was nicknamed when a child at school. When teaching school her pupils called her "Bounce"; again, she was called "John the Baptist" by her associates. A compensatory defense for these physical defects was her affected attitude towards everyone. This attitude was reviewed in the analysis and she finally learned to control it to some extent.

She was readmitted to the hospital at her own request in February,

1919, in an agitated and anxious state, hallucinated voices, and was more or less excited. She soon regressed to a very low affective level. She abandoned herself to her autoeroticism in a most unusual and significant manner. Her deepest interests were sexual and self-indulgent. She had impregnation phantasies, thought she had given birth to a child, the result of incestuous relations with her father. She hallucinated all the experiences which are described in the Apocalypse; believed she was in hell and that voices were saying to her, "Who is your God?"—and sneered at her beliefs, reviewing her religious life with her. She lost all confidence in her religion and in the Bible, as well as all interest in actual life, revelling in her autoeroticism. Finally the affect, abandoning this autoerotic course, became attached to the Clinical Psychiatrist, as soon as the patient found an avenue for establishing a heterosexual transfer; the autoerotic craving was then dissipated and disowned by the ego. After the establishment of this transfer the patient improved greatly and progressed to a social level where she would wear clothes. Later she began to take an interest in her personal appearance and looked forward with pleasure to the daily interviews with the analyst. After a couple of months of improvement in which she reviewed with the analyst her situation and difficulties as well as her phantasies, she regressed without any apparent cause to her former state and remained in this state for some months. Then she made a second transfer to the Clinical Psychiatrist with a similar improvement, but soon again gave way to her autoerotic phantasies, and for some reason which was not understood relapsed into her old ways. During her period of lucidity the subject of her bisexuality had been discussed and she now gave expression to it. She would at times say she was a man and would call some other patient her wife, or she would say she was a woman and indulge in impregnation phantasies. Owing to these regressive tendencies she was considered to be approaching a stage of chronicity with complete abandonment to a flight from reality. She was sent to a ward where she would not be obliged to observe too many social conventions and could give free rein to her life of fancy.

After she had been in this ward a couple of weeks she demanded that she be given psychoanalysis, as the other patients were receiving it. She made an affective transfer to the writer and from that time on improved rapidly. In a few weeks she had adjusted to a higher hospital level where she was able to take care of herself and go to the city, with all the privileges given a parole patient. The writer, as

well as Dr. Kempf, the Clinical Psychiatrist, was especially interested in the patient's reactions to the transference. On two occasions she made heterosexual transfers, but following both regressed to an extreme autoerotic level, so that it was impossible to preserve the affective rapport. She finally made a homosexual transfer to the writer, which resulted in recovery. Attempts were made to obtain from the patient an explanation of the change of transfer. Patient admitted that she realized difficulties in making the transfer, and it became apparent that she regarded the analyst to whom she had made the heterosexual transfer as the prototype of her father, and the analyst to whom she had made the homosexual transfer as the prototype of her mother. In reference to her regression and later negative transfer to Dr. Kempf the patient said, to use her own words, "I was afraid of my own sexuality with him so gave him up." The real explanation of the patient's resistance to further help from him is probably the fact that Dr. Kempf was a substitute for the father image with its accompanying incest implications. The patient said: "I always identified him with the father image but what I needed was help from you, a good strong helping hand. I always admired you but you did not seem to have the time to devote to me as I wanted you to do. I needed the strong, forceful personality to give me encouragement and advice—to lead me on." The transference to the writer patient built up in analogy with certain situations involving ambivalent qualities in the famous novel by Marlitt, "Old Mam'sell's Secret," which patient had read in her childhood. She had idealized the hero of the novel as a father prototype and the aunt as a protective influence over the heroine, in whom she saw herself. This heroine, though a neglected orphan, triumphs over all difficulties and finally realizes her ambition in a true heterosexual sublimation.

After the confidence of the patient was gained by means of the final transference she became quite willing to recognize her own responsibility for her pathological condition—a good prognostic sign for a healthy final solution. Her insight was good and she understood the element of wish-fulfillment in her own behavior. At this time the patient gave the following account of her transference difficulties, especially in regard to Dr. Kempf: "I was not always certain whether to trust him or not. It was necessary to have an ideal. He was my ideal, as was my father. I felt the need of a father help, so accepted Dr. Kempf, for I did not know what to do. I felt the need of a tangible something as a friend, but was not sure of him.

I found my cross too heavy to bear, became soul-sick and weary, and being in a care-free atmosphere fell into a deep slumber which lasted for several months, and during that time I had a dreadful nightmare. Dr. Kempf would come and try to wake me up from my slumbers or stupor. After a time I caught the spirit of his endeavor and coöperation. God spoke through him. As my spiritual nature was asleep I needed something tangible in which to trust my soul. I depended on him for guidance and told him that my prayer life had been shut off and that I was asleep. I was in a low state of depravity when relieved by Dr. Kempf." (This tremendous regression had increased her feelings of inferiority.) "Dr. Kempf could not take the place of her father-like friend and brother. Dr. O'Malley took the place of my father. She was greater than my mother—all-powerful."

Possibly in this instance, also, the position of the analyst as an executive in the hospital played a part in the patient's attitude, for while she had resistance to authority yet she unconsciously admired it.

The special interest of this case centers on the fact that we have here a patient who regresses to a stage of profound autoeroticism, makes a transfer on two different occasions to a strong, forceful male analyst, then regresses to a level with a negative transference to her heterosexual object, and finally makes a transference to a woman and recovers.

Patient has some insight into her schizophrenic reaction, which had interfered with an adequate adjustment to life. She is at present taking vocational training in the Veterans' Bureau and expects to take up her work again. This young woman is handicapped by her unattractive personality. She has kept in touch with the analyst, and the transference has been supported by occasional visits to the hospital, and it has thus, to a certain extent, served as a help in the patient's adjustment to life. However, she will probably have a recurrence of her mental difficulties and return to a phantasy life.

Conclusions.—The success of psychotherapy depends to a great extent on the transference and on its nature, that is to say, whether it is positive or negative.

The ability of a patient to make a transfer at a given time depends greatly on the affective level at that time—i.e., on the elevation of the affects above narcissism. The establishment of a transfer is in itself an indication of an adjustment at an affective level higher than the autoerotic.

When complete social recovery is impossible, and continuance of life in an institution is necessary, the positive transfer may be used as a supporting force to prevent further regression.

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PSYCHOANALYSIS AND SUGGESTION

BY THEODORE SCHROEDER

NEW YORK CITY

Is psychoanalysis "nothing but" a new name for suggestive therapeutics? Or, is psychoanalytic therapy something "wholly different" from suggestive therapeutics? These issues are being frequently raised, and yet, so far as I know, have never been discussed by psychoanalysts. The fact that these and similar issues can be seriously raised by specialists in psychology, shows the need for a more accurate definition of the psychoanalytic approach, in its relation to suggestion. The need for such a better definition is specially urgent, because, even among some professional "psychoanalysts," there is an apparent lack of understanding concerning the difference and the relations existing between psychoanalysis and suggestion. These issues will be made evident by quoting and criticizing an apostate psychoanalyst, a superpsychoanalyst or "post-Freudian," and an accredited leader among professional psychoanalysts. Following these quotations and some criticism of them, there will come an exposition of the elements of unity and of differences between suggestion and psychoanalysis.

THE ISSUE RAISED BY DR. X

"Psychoanalysis is a pseudoscience like palmistry, graphology and phrenology. . . . As in Christian Science there is a modicum of truth in it." These are the published words of Dr. X. He claims that for nearly ten years he has been a psychoanalyst, and has only recently discovered his error. Now he proclaims his apostacy. Does it follow that more advanced scientific factors do not exist, merely because *he* failed to discover them? My interest in psychoanalysis compels me to suspect that, like some other opponents, Dr. X is rationalizing one aspect of an emotional conflict over some psychoanalysts, and that therefore he needs and easily finds solace in the thought that psychoanalysis is nothing but suggestion; and that rivals, with position of advantage, are really as unscientific as palmists, and Christian Scientists.

The psychoanalysts, he says, "may use a clever form of sugges-

tion which operates in some cases, but is very unscientific and dangerous to scientific psychology." He does not specify what factor of scientific psychology, or of the scientific method, is overlooked by Freud. May there not be in the psychoanalytic approach something more than he was permitted to discover, during his ten years of effort? It seems clear to me that Dr. X *never* understood the Freudian theory of the origin and nature of the emotional conflict, nor of the behavior of human energy in the course of the development of the subjective conflict; nor of the process of the reintegration of irreconcilable urges above the level of the conflict. That is the very core of Freudian psychoanalytic theory and therapy, at least as I have come to understand it. Had Dr. X correctly understood the Freudian concept of the emotional conflict, and its great importance in psychoanalytic theory, he could scarcely have published several long articles against psychoanalysis without even mentioning the theory of the conflict. In the absence of all discussion of the Freudian concept of the conflict, it seems to me that adverse criticism of its theoretic implications, when considered as dissociated from the concept of the conflict, is likely to be a mere quarrel about the acquired meaning of words, or about nonessentials, such as an inquiry as to whether or not the facts of Freud's observations, correspond to the critic's conception of what they *logically* ought to be. Furthermore, without an understanding of the Freudian concept of the conflict it is quite impossible to know the difference between the best psychoanalytic treatment and the therapy of naked suggestion; between a treatment of the subjective conflict and a treatment of some of its symptoms; or between a mere social recovery and a psychologic recovery. It is these matters that I wish to elucidate.

Other impending apostacies from the psychanalytic group are rumored. Many opponents, who were never deluded into believing themselves psychanalysts, as well as some professional "psychanalysts" who have not yet recanted, have shown themselves equally unfamiliar with the relationship of psychoanalysis to suggestion. I will offer only two more illustrations.

THE ISSUE PRESENTED BY DR. Y

Dr. Y still claims to be a psychanalyst, perhaps I should say, a super-Freudian, or "post-Freudian" psychanalyst. Yet he published this: "I find that subconscious health *cannot* be obtained in a patient who has lost faith in immortality." Here Dr. Y illustrates

the mystic's infantile confidence in the omnipotence of thought. With him the possibility of health and cure depends on our opinion of immortality, as for others it depends upon their opinion of "Science and Health," or of the Mormon priesthood. Dr. Y also published this: "Those who have lost their belief in a personal God *will not* be able to free themselves to the happiest development of their energies, until they find some substitute, some *spiritual or moral law* [such as the ten commandments, Joseph Smith's Doctrine and Covenants, or Mrs. Eddy's 'allness of mind and the nothingness of matter' ?] if you please, in which they can place their trust and to which they may do their fealty." Again, faithful belief in some phantasm is an essential part of the omnipotent cure-all. Such "psychoanalysis" differs from other faith-cures chiefly by its jargon. Thus Dr. Y seems to find mental therapy to depend upon substituting the rationalization of a comforting phantasm for the error of a depressing phantasm. Evidently, Dr. Y was too ignorant of the Freudian mechanism of psychologic maturing, and of the psychology of the subjective conflict, to offer his patients an unmoral and spiritless evolutionary concept of natural law in the psychic realm, not as a cure, but as a plan of life, through whose discipline all moral values and subjective conflicts can be outgrown, and the better social adjustments and functional mental health incidentally secured. Instead of having an empathic understanding, and without aiding a psychologic maturing and a wholesome psychic living, Dr. Y evidently demands an humble prostration of intellect before the fictions of a theologic morality, or a phantasmal immortality. No matter what cultural or verbal differences may exist, Dr. Y's therapy is, in its psychologic essence and procedure, obviously a near kin to Christian Science suggestion. Dr. Y, like Mrs. Eddy, would help a patient to escape unpleasant realities by encouraging a delusive leaning on a phantasmal god and by promoting a concentration upon anticipatory feeling-compensations, to be found in a phantasmal immortality. Real psychoanalysts cure the patient's ills by educating them to a better understanding of psychologic determinants and mechanisms, a more complete acceptance of an adjustment to the realities, which adjustment is secured by an ever greater dependence upon natural law. Dr. Y and Christian Scientists help the patient to evade hard facts, and natural law, by supplying delusive substitutes. Psychoanalysts help their patients to reject ever more of the delusional props of religious moral values and to

achieve an ever more joyous emotional acceptance of all realities. This insures one a better adjustment to natural law in the social realm, by the facing of one's problems and actually solving them, and not by finding an imaginary escape from the realities to phantasms, and this escape rationalized by a different metaphysics.

Of course, in such ignorance of what Freudianism may mean, Dr. Y must misinform his readers about it. In this case he illustrates the hysterical mechanism by which the psychoneurotic projects his own folly into others. Accordingly he says: "They [the Freudians] have tried to compose the old conflict between good and evil by the correction of the false opinion." Dr. Y cures the patients by merely inducing them to act unquestioningly on the demands of our moron civilization. That is to say: he cures a symptom by rationalizing one aspect of the subjective conflict in terms of popular moral and religious superstition, and by recommending (suggesting) rather blind conformity. In his ignorance he here shows that he believes Freudians to do the same thing, namely, to contend that a psychologic recovery depends on the mere change of opinion, rather than upon a psychologic maturing which solves an emotional conflict of immaturity, by developing the patient above the possible recurrent influence of its inhibitions or compulsions. No wonder that Dr. Y could not get results with intelligent atheists. Had Dr. Y been a psychologist instead of a mere logician, he would have known that true Freudians do not deal with the opinions of the patient, but with the affective determinants of opinion and of conduct and with the affect-values implicit in existing inhibitions, compulsions, etc., and in their rationalizations.

Again, he says: "In adolescence it [our unconscious power] takes on the form of self-sacrifice and fulfills the ethics of Christ." This he obviously considers as a fortunate sublimation. For a psychoanalyst to think of self-sacrifice as a sublimation or moral virtue *per se*, and without considering its relation to the sado-masochist conflict, or without exhibiting any consciousness that there are varying degrees of maturity in the human desires that might lead to self-sacrifice, and varying degrees of pathology that may express themselves in varying kinds of self-sacrifice, and all this with varying intensity and varying psychologic harm or help to the patient, or to society, is a strange manifestation of ignorance on the part of one who professes to be a specialist in the new psychology. Even the efficient application of suggestive therapeutics requires more

understanding of the psychology of the subjective conflict, than Dr. Y. appears to possess.

It is therefore not surprising that he says: "The cure and restoration of a defective personality *is not possible*, in my experience, if the patient has lost his belief in immortality of the soul. As soon as the process of the mental analysis shows me that the patient has a fixed atheism, I drop the case. I have learned from my failures that I have here no foundation on which to build [because unacquainted with Freudian psychology]; that I am working in quicksand. I do not mean that I have any scientific proof that man has a soul, or that it is immortal." Real psychoanalysts do not find that "cures and restoration" are impossible for atheists, merely because antiquated methods of pious suggestion cannot be made effective on intelligent atheists.

To my mind it is very clear that Dr. Y never achieved an understanding of the psychoanalytic approach, such as I acquired from my acquaintance with Freudianism. According to my concept, both the religious and the secularized mysticism of the sick are to be outgrown, and not merely so rationalized as to induce the victim to conform blindly and submissively to the conventions. It is equally clear to my mind that Dr. Y can be using *only* suggestion, perhaps administered with a little psychoanalytic jargon. He is not using psychoanalysis as a means of helping the patient to understand and to outgrow his conflict of impulses, which is involved in every psychoneurosis. Neither is he curing, by developing the patient's psyche to an evolutionary level of desire and of mental processes, above the level on which the conflict arose. This process of maturing is understood only by those who go beyond suggestion, and who have a clear view of the mechanism of past psychic evolution, and see something of psychologic growth beyond our present average man. Such a thesis, and such blindness, as that of Dr. Y also makes this essay necessary.

THE UNSEEN ISSUE FROM DR. Z

Dr. Z is even better known as a "psychoanalyst" than those medical men already quoted. He has a background of large experience in clinical psychiatry, and later has been widely accepted as a leader in the psychoanalytic movement. His published essays show considerable of subconsciously developed "instinctive" insight which he formulates with much show of logical connection. But he gives to me no sign of ever seeing or describing psychologic

processes, as these can be seen and described, by only those who have achieved an empathic understanding of the mental mechanism involved in the process of developing and of outgrowing an emotional conflict. In so far as this approaches a fair statement of the limitations of his psychologic equipment, he also must fall short of always having a clear vision, as to the difference between mere concrete suggestion, specifically directed against a patient's symptoms, and the psychologic enlightenment and discipline of the more distinctively psychoanalytic procedure. The purer psychoanalytic procedure deals with psycho-evolutionary *processes* and utilizes these against the irreconcilable impulses, that express themselves in symptoms of the functional disorders of the nervous system. Where suggestion attacks the symptoms quite directly, psychoanalysis deals primarily with the affects of the underlying conflict of impulse, and effects the symptoms only by indirections.

That my inference as to Dr. Z's limitations is at least partly correct is shown, I think, by the following published statement. Dr. Z said: "Some cases of chronic excessive alcoholism I have been able to *cure* by psychoanalytic methods. But here is the astonishing part—since their cures their behavior has been such that their relatives and their physicians regret that they are not alcoholics." (All italics are mine.)

Be he ever so eminent as a psychanalyst and psychiatrist, I cannot believe that Dr. Z was, at the moment of writing the above sentences, conscious of the distinguishing characteristics of the psychoanalytic approach; or the difference between mere naked suggestion and the psychologically maturing discipline of psychoanalytic procedure; between treating a symptom and treating the underlying conflict; between a logical understanding of psychoanalytic theory, and an empathic insight into the psychogenetics and into the emotional mechanism of the subjective conflict; or between a mere change of symptoms and a cure; or between a social recovery and a psychological recovery. From this situation I conclude that it is important to clarify the vision even of professional "psychanalysts" and that to this end, more discussion is needed as to the relationship between suggestion and psychoanalysis.

To me it seems extremely probable that even Dr. Z is using mainly a disguised form of suggestion, with superficial psychoanalytic enlightenment; not a reductive analysis that makes the patient familiar with the difference between childish and mature

desires or mental mechanisms, as a means to a psychologic discipline for the development of his patients above the level of the conflict. All this suggestive procedure is probably made approximately exclusive and necessary for Dr. Z, because he lacked an empathic understanding of the mechanism and growth of the subjective conflict, and of the conditions and psychologic processes of outgrowing it. Because he is something of an accredited leader in the psychoanalytic movement, and can be guilty of such a crudity as the quoted sentences, it seems to me highly important to start some discussion for making even "psychanalysts" more conscious as to the nature of the relationship between suggestion and psychoanalysis.

SUGGESTION WITH PSYCHOANALYSIS

First let us be frank and admit that there is always an element of suggestion accompanying even the better psychoanalytic procedure, as that is practically applied. It is this in part which makes the "transference" of importance. In many cases, of severe depression for example, the beginning of the treatment may require much suggestion. Temporarily it may even require exclusive suggestion, as a condition precedent to the inspiring of such hope and confidence as must exist, before the patient can acquire an adequate, conscious motive for giving the coöperation which is necessary for an efficient reductive analysis, and for a submission to the desirable and necessary developmental education and discipline. This latter is especially necessary in cases of immature fixation, as distinguished from cases of regression. Often, time limits preclude anything but suggestive procedure, but this is not psychoanalysis. Even suggestion may produce socially useful and sometimes a quite permanent removal of troublesome symptoms. This is especially true in cases of relatively pure regression, as distinguished from immature fixation. With the constant accumulation of the data of the reductive analysis, always portrayed with emphasis upon the subjective contribution to the determinants of each disturbing affect, and upon the actual mental mechanisms, and, these again always portrayed in relation to an evolutionary setting, the subject will receive constant and effective instruction as to the psychologic process of growing up and a method of discipline for maturing of the desires and mental mechanisms involved therein.

Some knowledge of psychologic mechanisms may furnish one with new conceptions of what is concretely expedient. Merely to

rationalize this new expediency, with the help of a little psycho-analytic jargon and insight, is a considerable advance over the old naked and bald suggestion of the earlier followers of Mesmer, and of all faith healers. But this new special plea, for conformity to concrete propositions of conduct, is very far away from the scientific ideal, which is merely to induce conformity to nature's processes including the psychologic ones. These processes must be clearly seen in the minute detail of their mental mechanisms, and the underlying desires and mental processes must also be seen by distinction, as in the longer ranges of evolutionary change and tendency. From the simplest concrete observation of mental mechanisms, these explanations will grow to a portrayal of the more complex processes and conditions, all of which taken collectively constitute the theory of the maturing of the impulses and mental mechanisms. In so far as we approach a fully conscious and perfect adjustment to psycho-evolutionary processes, as the chief therapeutic means, so far do we also approach perfection in being scientists of the mind. Now an effort will be made to clarify these generalizations by the use of more detail.

NAKED SUGGESTIONS AND AFTER

In the more naked forms of effective suggestion, it can be said to be any process for impressing the mind of the recipient, so as to produce the acceptance of some quite concrete proposition, charged with sufficient dynamics to induce some corresponding action, but which proposition is accepted with a minimum of appreciation of the *how* and *why* of the subject's conduct, and a like inadequate appreciation, or coördination, of any of the objective data by which such proposition or conduct might be logically rationalized, checked or justified. In its simplest form the effort is to impose very concrete propositions, such as: "Your pain does not exist; your sins are forgiven; you will act so and thus." In suitable cases a simple suggestion that a morbid symptom will disappear is followed by the disappearance of that symptom. In all cases of mere suggestion the efficacy of the suggestion depends mainly upon the affect-value and mental attitude which the patient entertains, either to the source of the suggestion or to the concrete remedial proposition that is communicated.

Thirty years ago, before I ever heard of reëducation, and when I was making amateurish experiments with hypnotism, I found that

I was more efficient in producing post-hypnotic illusions if I also suggested, even very indirectly, a rationalization for the appearance of the desired prospective illusions. The essential advantage of the reëducational method of Du Bois is that the waking suggestion, in support of concrete solutions for troublesome problems, is accompanied by such a rationalization, which, however, must not conflict with any consciously entertained and organized body of the subject's knowledge of objectives, which the subject has no adequate motive for ignoring. The dynamics of an existing inadequate urge can be reinforced by a special plea based upon objective data, emphasizing the advantage of conforming to the suggestion. This rationalization is still further improved if it includes an education as to some of the antecedent psychologic conditions for past failures in adjustment. Psychoanalytic jargon may add to its impressiveness. Such rationalized suggestion is also made more effective by a little increased psychologic insight, such as can be supplied by some acquaintance with the Freudian mechanisms. I fear that this is all there is to "psychoanalysis" as some "psychanalysts" understand it. I am unhappily convinced that these small aids to simple suggestions are too often palmed off on the unsuspecting public as being all there is to psychoanalysis. From my viewpoint, this procedure does exhibit considerable advance on the methods of the revivalist, the father confessor, and the faith healer. The advantage consists mainly in that the better rationalizations of such "psychanalysts" is a little bit nearer to the realities than the more bare, or more pious, suggestion of the faith healer, with his "spiritual" rewards. These healers can each contribute toward a social recovery, which revivalists, Christian Scientists and unenlightened "psychanalysts" may mistake for a psychologic cure.

BETTER RATIONALIZATION NOT PSYCHOANALYSIS

It will be observed that all this is little else than a better rationalized reinforcement of the sentimental appeal to "be 'good' and you will be happy." The reinforcement, if it does not go beyond a special plea for post mortem or immediate expediency, does not remove the treatment from the category of mere suggestive therapeutics, no matter how much nonpsychologic erudition may be used in the process of such rationalizations. It still appeals to, and seeks to reinforce, subconsciously determined moral *valuations*, even when the "moral" mandates are not reinforced nor rationalized in terms

of god and hell-fire. All this can be done without and devotion to or understanding of the usefulness of a detailed acquaintance with psychologic evolutionary processes, as a means of outgrowing a subjective conflict, and its emotional valuations. The suggestive method, with its concrete propositions and their rationalization, can be called "education" only in the unpsychologic and poetic sense in which our Sunday schools and public schools are said to supply "moral education." All this is mere suggestion, accompanied by a little infantile or childish sentimentalism, designed to induce unquestioning conformity to something other than natural psycho-evolutionary processes, of which such teachers are usually quite ignorant. This kind of "moral education" intensifies feeling without enlightening the understanding or maturing the desires. It therefore is a detrimental contribution to every psychoneurosis. It has no resemblance to an education in the sense of maturing the psychologic aspect of human desires and mental processes, according to the natural law of their evolution. Neither is it concerned with developing these above the evolutionary level of the moral-emotional conflict. In other words, it is not psychoanalytic therapeutics in its only true scientific sense.

In the nonpsychoanalytic therapy there is but a minimum of approach toward an exclusive dominance by the demands arising from our dealings with the *processes* of psychic evolution; that is a minimum of devotion to accelerating the maturing of the psychologic aspect of the desires and of the mental mechanisms. When only evolutionary processes furnish the yardstick, we concern ourselves almost exclusively with the psychogenetic *why* and the psychoevolutionary *whither*, to which mere social recoveries are considered quite secondary and incidental. Instead of furnishing a new rationalization for old or suppressed moral values, or for new moral creeds which are still on the level of the youthful conflict, we supply an evolutionary concept, with an education and a discipline to evolve the desires and mental processes toward the complete outgrowing of moral valuations, and of their inevitable conflicts with natural law. Only so do we accelerate an increasing intelligence and increasing devotion to the patient's dispassionate manipulation of objectives. Suggestion utilizes the morbidly intense emotions, and by attaching them to more conventional modes of behavior, it sometimes secures at least a temporary social recovery. Psychoanalysis eliminates the morbid emotions, and leaves the patients free to find their own common sense solution for their problem, in harmony with their own

cultural development. This evolutionary concept, I believe, still needs an adequate formulation. Although abundant fragments have been published by psychoanalysts, it remains for some one to coördinate the data so as to present a more effective picture of evolution in the development of the force aspect of that part of the ultimate unknowable cosmic stuff, which constitutes the psyche of a human animal.

PSYCHOLOGIC AND SOCIAL RECOVERY

Those who mistake any of the methods of suggestive "education" for psychoanalysis will quite unavoidably have a blurred vision as to the difference between a social and psychologic recovery from functional disorders of the nervous system. I will here seek to clarify the issues as between a mere change of symptoms, which sometimes means a social recovery, and a cure in the sense of a psychologic recovery. The best illustration just now at my command is the case of M. T. H., a professional criminal who, at thirty-six years of age was converted at a Methodist revival, and who, nearly forty years after, came under my observation. As a criminal he was a petty sneakthief, a forger, and a pimp who achieved some popularity with women largely by his devotion to cunnilingus. Three times he came near to committing murder.¹ Tortured by his subjective conflict, and, haunted by his self-reproaches, he became an easy victim to the revivalist's suggestion, and to his offers of salvation by faith. After a period of great emotional storm, he emerged a super-righteous religious fanatic, a theomaniac. Now he became a preacher, but of a different variety than had been designed by his mother. By being at once super-righteous, and therefore extra heretical, he effected a compromise with partial satisfaction to both aspects of his conflicting impulses toward the ideal which his mother had entertained for him.

The same morbidity which formerly impelled to crime, now compelled also a feverish overcompensation in the matter of doing socially useful work. Morbid, parasitic, antisocial behavior became an equally morbid attempt to serve.² The revivalist need not have been more ignorant than Dr. Z to have called this change of symptoms a "cure" of the underlying emotional conflict. This criminal's

¹ See my: *Psychogenetics of One Criminal*. *Jour. of Criminal Law*, 1923.

² *Anarchism and the Lord's Farm*, *Open Court*. 32: 589-607; Oct., 1919. See also: *Psychology of One Pantheist*. *PSYCHOANALYTIC REVIEW*, 8: 314-328; July, 1921.

social contribution was much improved by the revivalist's suggestion. Dr. Z's patients changed their symptoms for the worse, and yet he called it a "cure."

The social recovery of M. T. H. was effective, from the materialistic point of view, and might have been produced equally well by some "psychanalyst" like Dr. Y, who was merely using pious suggestion. Indeed, the psychology of some conversions is quite identical with the psychologic processes of some miscalled psychoanalytic cures. A description of Protestant Evangelical revival conversion by a Roman Catholic³ gives a good portrayal of the surface mechanisms of what actually occurs to the patient under some "psychoanalytic" treatment.

CURE OR CHANGE OF SYMPTOMS?

How do I know that M. T. H. remained psychologically a criminal? I will tell you. Several times he came to my home as a guest and to be studied. There were abundant evidences that he rummaged through many drawers and private files. Nothing was taken by him. But he gave me information about old business matters that were unknown even to my wife, because they had occurred many years before our marriage, and before either of us came near our present country home. With infantile simplicity he told me that a stranger whom he met on the country road had given him this information. His unusual curiosity in this matter I think is best explained on the theory that the latent urge to theft was still so strong that it compelled a partial satisfaction by snooping.

Here is another interesting circumstance: My wife was paying the household bills, on the same day that she wrote M. T. H. an invitation to make us another visit. By mistake one of her checks, payable to a merchant, was placed in his envelope. He answered the letter accepting the invitation for some weeks hence, but he made no mention of the check. About two weeks later it was discovered that the check had not reached its desired destination. After pondering the matter, a letter of inquiry was sent to our expected guest. He answered that he had the check. Evidently its affect-value for him would not yet allow him to return it. He only promised to bring it when he came to visit, the time being still nearly two weeks off. This visit lasted nearly two weeks and no one mentioned the

³ See: John Howley: *Psychology and Mystical Experience*, Chap. 3.

check until the morning of the day of his departure. Then he produced it, explaining how efficient a forger he had been; how he could have forged an endorsement, and just how he could have gotten the check cashed. There was also plenty of insinuating suggestion that we could show our gratitude by giving him a check payable to his order. All this discussion back and forth consumed about half an hour, during which time he was fondling the check. Finally he handed it over. On his behavior in this matter, I concluded that psychologically he is still a forger, and a thief in spite of his present super-righteous theomania.

I wish to show also the continuance of the sado-masochist conflict and its murder impulse. Since his conversion, his more conscious attitude and obvious conduct has been rather conspicuously masochistic. However, when his more important designs are thwarted, instead of killing his "enemy" with a knife or bullet, he now pronounces the death penalty as only a god can do. In fact he considers that his will is the will of the pantheistic god. He has outlived so many "enemies" that he is firmly persuaded that his death sentences are effective. I think this case illustrates the point that suggestion alone changes only the symptoms of morbidity. It may produce a partial social recovery. But I believe that mere suggestion cannot produce a psychologic recovery, from functional mental ills, if these are due mainly to immature fixations with great affect-values. Probably this is less true in cases that approximate to a pure regression, after the desires and mental processes have once functioned on relatively mature levels. After a "cure" by suggestion, the extravagant suggestibility due to the subjective conflict still remains. With the fading of the affect-value of the remedial suggestion a counter-suggestion can easily become effective. For this cause suggestive therapeutics are easily followed by regression.

PSYCHOANALYTIC SOLUTIONS

The first important thing I learned about psychoanalysis was from Dr. White, and it was this: "There can be no psychologic recovery from an impulsive conflict except by developing the patient's psyche to a unification, at an evolutionary level above that on which the conflict arose." This evolutionary development means the maturing of the desires and mental processes. It is from this viewpoint of deal-

ing only with intellectual *processes*, then, that we must define psychoanalysis as a more scientific procedure than naked suggestion.

Among physicists and biologists it is generally thought, I believe, that the scientific stage of our understanding has not been reached until we are able to make some practical application of our understanding of nature's *processes*, or are seeking to make more exact our understanding of the laws according to which things behave. In other words the very essence of a scientific stage of development is the enlargement and the better use of our understanding of the behavior of things; that is, of nature's *processes*. This, I think, is equally true in psychology. Accordingly I believe that we are not working at the higher levels of scientific attainment until, and only in so far, as the psychoanalyst approaches an exclusive devotion to the study and application of psychologic *process*, in its every aspect. It follows that mere naked suggestion is not on the level of scientific psychologic procedure. Inevitably suggestion deals only with concrete remedial propositions, not with natural evolutionary processes. Suggestion, whether rationalized by the aid of a moral sentimentalism, or even by a great erudition that is used in the form of a special plea, and even though the rationalization include considerable psychologic insight, it is still very far from being a highly creditable scientific procedure. The scientific stage of psychoanalysis is reached only when suggestion, as I have defined it, has been minimized, quite to the point of extinction, and the devotion is quite as exclusively to the application and artificial acceleration, of known processes of psychological evolution. Only by such procedure can the patient's emotional conflict be solved, on an evolutionary level above that on which the conflict arose. When the patient has attained that state he neither desires nor needs any concrete suggestions for the solution of his problems. His emancipation from immature dependence upon the analyst is completed. Only so can we artificially recondition the impulses and mental mechanisms of a patient or pupil, so as to make them function on an ever higher evolutionary level of the desires and mental process. Only by such means can we get a psychologic recovery, as distinguished from a mere social recovery. At this stage, all concrete suggestion has quite disappeared, by being merged in true psychoanalytic procedure, which only then has reached a scientific status of dealing exclusively with mental processes and intellectual methods.

TOWARD CONCEPT OF EVOLUTION

In the psychologic aspect, personality or character is rated, not according to conduct, but according to the degree of evolutionary development of the impulses and the mental processes, which accompany and in part determine the conduct. Very infantile parasitic impulses in psychologically morbid but physically mature persons, can be "justified" by the aid of *very* great erudition, used with great intellectual ingenuity. In this sense, mental maturity does not concern itself much with the quantity of cultural acquisition, but rather with the use that is made of it, and with the habitual mental attitudes toward both objective and subjective realities; also with the determination of how far the interests are unified and upon what evolutionary level of desires and mental process the self-expression is taking place.

By mere suggestion we may change some particular line of conduct which is the expression of one aspect of a subjective conflict. This can be accomplished without enlarging the understanding of the conflict and without changing the evolutionary status of its underlying impulses. What can be brought about by pure suggestion is to change a subconscious or a consciously suppressed impulse into an efficient determinant for modified conduct. Because of the higher suggestibility inherent in the subjective conflict, that change can also be undone by another counter-suggestion. That is why mere suggestive therapeutics is so often followed by a relapse. The patient may always have had a perfectly logical and truthful special plea with which to rationalize the dominant compulsion, or its antecedents, as well as the results of the emotional disturbance. This rationalization may even utilize far more objective data than is usually marshaled in defense of contrary lines of conduct. But all this in itself does not promote peace of mind, nor such an approach to a maximum of efficiency in the manipulation of the environment, as will insure a grownup's comfortable adjustment to the habits of a maturer psychologic level. A social recovery may be had, and a social regression follow thereon, without any fundamental change in the individual's psychologic status.

When we attain the attitude of those psychoanalysts who think only of dealing with nature's *processes*, as in the case with the more scientific physicist, then the suggestion of concrete remedies is supplanted by a very different procedure. Now the patients, or pupils, in the course of the reductive analysis, are enlightened only about

psychologic processes, as these are exhibited by the subject, and are related to a like process operating in the immediate human environment. First we exhibit the mental mechanisms in each concrete reaction to the human environment. Then the underlying impulse, and the actual mental processes, are exhibited by way of contrast, in an evolutionary setting. From this viewpoint psychoanalytic equipment depends in part on the degree of detail which we are able to see in each concrete mental mechanism, and the length of range and quantity of detail contained in our evolutionary concept of the psyche. The procedure is not a direct and immediate attack upon the proximate troublesome causes, nor is it the mere rationalization of the submerged social impulses. On the contrary, the purpose is to use the psychogenetically understood incidents of the subject's everyday life, as a means to give the patient, or pupil, a clear vision of the advantage of maturing the desires and mental processes, so as to have them function in closer harmony with the process of the natural law of psychic evolution. This is deemed the best means to all those ends that may still seem worth while, when our sense of relative values has been subjected to the modifications of the maturing process. With the growth of such interest in maturity comes an increasing emphasis on a technique for reconditioning the desires and mental processes. Where suggestion only offers concrete changes of conduct as a solution of the problem, pure psychoanalysis attempts to supply a psychologic development which will enable the patient to make wise solutions without the need of suggestion or the help of others. Even naked suggestion may include varying degrees of intelligence as to both the related subjective and objective factors. Psychoanalysis on the other hand gives them an evolutionary concept of the psyche, as a plan of self-development to work to, as well as a technique for continuing the self-discipline, by which the process of maturing the desires can be indefinitely pursued. In cases of relatively pure fixation at primitive evolutionary levels, this maturing of the desires and mental processes is the only sure road for *out-growing* the emotional conflict, as to any particular mode of gratification. By this method we unify the energies upon living in harmony with the requirements of our own human nature, ever in the process of being better understood, and ever in the process of maturing (and changing) its desires, especially in their psychologic aspects, or factors. Instead of dealing with concrete conduct, or offering specific solutions for troublesome habits, and instead of the

direct and immediate assault upon the treasure-house of results, there is impressed an abiding confidence that all results which are really desirable, from the viewpoint of a more highly matured psyche, can be best attained when the accompanying and similarly matured mental processes direct the energies in their pursuit of gratification.

MINOR PROCESSES TO EVOLUTIONARY SCIENCE

A therapeutic technique that attaches a predominant interest to an understanding and automatically living in harmony with psycho-evolutionary processes, obviously does not lend itself well to the method of suggestion, with its concrete solutions for problems. Neither can it long appear effective as the mere rationalization of suppressed impulses, or of another aspect of the associated moral conflict. But, it is a means toward understanding the origin and mental mechanism of the conflict between morals and natural law in the psychologic realm and for outgrowing moral values and outgrowing the need for them, or for their underlying emotional disturbances. Thus one may achieve a psychologic recovery, rather than merely to develop a new moral code, or reënthrone an old morality with the same old morbid overvaluation, still operating and practically unchanged. In the later stages of maturity, the interest will be unified upon psychologic *processes* seen deterministically, and then all moral value will have disappeared. Now the sole devotion is to the psychologic aspect of natural law in social relations. Furthermore, a personal development which consists in maturing the desires and mental processes, is the only way to outgrow the psychologic level on which the moral-emotional conflict arose, or on which it later works. Only a very, very few approach that stage of development in the ordinary course of life. Now we see reductive analysis as an indispensable *means* for the evolutionary understanding of the dominant trends, and of the resultant possibility for an intelligently directed, conscious, effort to correct—to outgrow—the relatively immature affect-values, and their dominating associations. So we come to see every stage of development in an evolutionary perspective, and in process of change. This understanding of the evolutionary process, when imparted through a thorough course of psychoanalysis, gives us a working plan, with some vision of its future demands and of the conditions of their realization. The accompanying nonsuggestive psychoanalytic procedure will supply a technique for continuing the development indefinitely. Such character de-

velopment then becomes the whole of the immediate object of life and through this maturing comes greater certainty of attaining everything else that such matured persons may still desire.

The patient or pupil, conditioned by a relatively immature environment, has always attached all values to sensations and feelings, and to the related concrete objectives. When once approximately all the interest has been directed away from concrete objects and from their immediate resultant associates, as specific sensations and feelings—and that disconnected interest has become attached to the psychoevolutionary *process*, adequately understood, as an evolution in the desires and of mental mechanisms, then the conflict and its inefficiencies will have disappeared in the process. However, this can probably be seldom accomplished by suggestion alone. I feel very certain that no psychologic recovery can ever be brought about by suggestion, if the case is predominantly one of early fixation as distinguished from psychologic regression. For the better psychoanalytic procedure, past experience with a varied life all psychologically understood and correlated with conscious experimentation, must have brought to the psychanalyst so clear and detailed a view of psychic evolution and its conditioning factors, as to make possible the artificial reconditioning, and so in compressed manner, maturing of the desires and mental process, in acceleration of nature's method. It is only in this use of such a concept of the evolutionary process of the psyche, seen in a long perspective and filled with an abundance of minute detail, that we reach the more scientific stages of psychology. Here also are we farthest removed from naked suggestion. It is inevitable that under pressure of many unavoidable circumstances, the better informed psychoanalysts will be often compelled to resort to suggestion and to be content with mere social recoveries. The more intelligent psychanalysts will not deceive themselves nor others with the belief that such suggestion is psychoanalysis. Others for want of understanding will not know the difference.

PROPHYLAXIS IN THE PSYCHONEUROSES*

By DR. ADOLPH STERN

Dr. Nicholas Murray Butler in The President's Annual Report for 1921, among other things in reference to The Medical School, states the following: "The medical school of tomorrow will be conceived of as a public service institution to promote public health and to spread a knowledge of preventive medicine; training in the detection and cure of disease will then appear as an incident in this larger and finer program." This is a program, the realization of which is much desired, but which to the active practitioner seems far away. Yet there can be no doubt that preventive medicine is the future field of medicine, for that is the only means by which we can hope to deal with our vast problems in a big way.

In the branch of mental medicine, as represented in part by the psychoneuroses, prevention is still far from having reached any measure of success. The cause for this is that little of the true nature of these conditions was known until the past two decades. With increasing knowledge, prevention in this field of medicine is taking on a more hopeful aspect, and it is to this that this short and somewhat incomplete communication is devoted.

Whether the approach to the study of psychoneuroses is the psychoanalytic in the strict Freudian sense or not, most workers in the field have arrived at some well established conclusions as far as they have gone. These conclusions as to the causes of the psychoneuroses and some of the psychoses warrant us in stating that none of the conditions which have so far been studied have *all* their causes in the present, but that the essential causes have been traced back to the early life of the patient. This statement takes into account the commonly accepted knowledge that neurotic and some psychotic conditions are intimately associated with the emotional (in the Freudian sense, the repressed or unconscious) life of the sufferer.

I do not mean to imply that none but Freud, either before or following the appearance of his writings, and independently of him, called attention in some form, to early influences, especially environ-

* Read at a meeting of the Eastern Medical Society of New York, in April, 1922.

mental, as factors in the production of mental disease. Textbooks on functional nervous diseases mention that such conditions could be traced back to bad training, faulty education, bad environment, etc. However, to what an extent and in what way, such data were related as to cause and effect, has only in recent years been investigated in a thorough or scientific manner, and made available for therapeutic application, and I hope for prophylaxis.

H. Von Hug-Hellmuth, of Vienna, in an article entitled "On the Technique of Child Analysis," appearing in *The International Journal of Psychoanalysis*, September-December, 1921, sums up her experiences as follows: "We may sum up our knowledge obtained from child analysis in a few sentences. Almost always we find mistakes in education, through which a bad disposition or harmful experience instead of decreasing in destructive effects, is fostered. Too much strictness on the one hand, and too much leniency on the other, with nearly always a lack of consistency in the upbringing, bring about these evils, from which both parents and children alike suffer. If the parents themselves were analyzed, in all probability fewer children would be in need of analysis." Analytical work among adult neurotics confirms the above quotation, except that one gains the impression that if the environmental factors were controllable, the problem would then be solved. The situation is not so simple. For this does not take into sufficient consideration the active part that the child itself takes in the formation of such factors as later enter into the formation of the neurosis. Successful prophylaxis demands a good knowledge of the dynamic nature of and the manifold ways in which the child's instinctive life makes itself manifest, and the ability to find for these a suitable outlet before they attain pathological significance.

Prophylaxis to be most effective should be instituted in early childhood, though as shall be indicated later, there are other critical periods when such measures may be of great avail. Of course, it would be very desirable were we able to lay down definite rules for the guidance of those who have charge of the upbringing of children. It is to be regretted that such a course of procedure is still far from realizable. The reason for this is that the field to be covered is large, and our knowledge is by no means accurate enough to allow of such a procedure. However, some of our knowledge is accurate enough in some respects, and along these lines I shall attempt to

indicate, though in a general way only, measures of a prophylactic nature.

As is generally known, and more or less generally accepted, the functional nervous diseases have their origin in unconscious mental processes. We have learned this from work among the adult neurotic and the insane, and also among neurotic children, some of them under the age of ten. From the latter class we learn that, although the symptoms are of comparatively recent origin, yet they originate in the unconscious, in incidents occurring some time before the appearance of the symptoms; that is the symptoms make their appearance after the repression has set in. These considerations tend to show that the very young child, before the age of four or five, has a richer instinctive life than we had credited him with until recently. But the lack of knowledge on the part of parents, educators, etc., that such a condition normally exists, and the general tendency to regard any evidence of the existence, of sex interest for example, on the part of children as a sign of perversity or the like, is an important factor in the production in children of unnecessarily strong and widespread repression, with strong reactions of shame, guilt, fear and remorse; elements that are important components of neurotic symptoms.

It may be of some aid in understanding the rationale of the prophylactic measures if I were to give a little in detail some of the better known etiological factors in the neuroses. I have reference to the ego and the sexual impulses. We shall take up the latter first.

Very often patients have given expression to the following: "If I had been differently brought up, I might not have become a neurotic." Or they say, "If I had known that before, I could have been saved a great deal of suffering." These remarks usually were made after the patient had been under treatment for some time, and had realized to what an extent misinformation in childhood, or information gathered in childhood from questionable sources, was still in the adult, playing a great part in his emotional life, in a wholly unconscious way. Whether the patient is wholly correct or not in laying the blame for his present illness in causes taking their origin in childhood, it is difficult to say. Yet the repeated occurrence of phenomena leaves no room for doubt as to their importance. On the contrary, it must be true that many people, later in life not sufferers from neuroses, have also gone through experiences similar to those happening to such as later in life succumbed to a neurosis. This

apparent contradiction, however, does not diminish the importance of the incident as a traumatic factor in the genesis of a neurosis. It serves to emphasize the fact that the individual himself is an important factor, and that the sparing of a so-called predisposed individual from exposure to psychic traumata may indeed save him from a neurosis later in life.

I believe it to be generally recognized among analysts that the gaining of sex knowledge from secret or questionable sources, and sexual misinformation are prevalent factors in neuroses. At times the wrong knowledge is the result of misinterpretation of what the child has seen or heard.

To illustrate this, I mention under this heading the various theories in early childhood, as to the nature of the process of impregnation and birth. From the observation of their alimentation; from seeing the enlarged abdomen of the mother disappear coincident with the arrival of a new baby; seeing animals giving birth to their young, are in part at least responsible for the theory that the foetus is in the "stomach" of the mother, and is expelled through the anus. This theory is then made complete by the addition that the foetus gets into the "stomach" by way of the mouth. The surprising and important thing is that knowledge acquired later in life does not always correct these false theories. In this connection I might mention a patient, a man twenty-six years of age, who up to the time he entered dental college at the age of twenty, still held to this theory, and that what he learned there did not correct his earlier misconception. Of import is it to know that these early theories were at the root of his unconscious homoeroticism, and were also in part responsible for his difficulty in getting along with men, besides contributing to the formation of what Freud has called analerotic characteristics of obstinacy, desire for revenge, miserliness, undue orderliness and exactitude. It was also concerned with a marked trait of cruelty. In another patient, a woman of thirty-four, this theory was maintained up to the age of seventeen. The false knowledge interfered with her normal sex development, giving rise to severe difficulties during the sexual act up to the time she came for treatment, some fourteen years after marriage. As an added difficulty in this respect, reinforcement came from a false theory that the urethral orifice served as the entrance for the male organ of copulation. Again I mention that these early misconceptions were influential in determining important emotional elements in the patient's life, as

indicated in symptoms, dreams and unconsciously determined (almost reflex) acts.¹

The question arises just how and why is the sexual question so important a consideration in childhood, as regards his later development along emotional, and also intellectual lines. This brings up the weighty problem of the attitude of the adult to the sexual question. Judging from my own experience and that of others working along similar lines, there are few parents who can approach this problem when the occasion demands it, with the frankness so essential for the proper imparting of information to the child seeking it. At the time the child asks questions concerning sex (*i.e.*, where do babies come from, chiefly) it is likely that the question arises in his own mind after he has made observations of some kind. He notes the air of secrecy surrounding the subject. Yet a frank answer would set the child right. The answer that he receives usually is evasive or false. Or the child is told that he is too young to know, or that the subject is one that nice people do not talk about, or that the subject is not nice. Frequently enough the child believes what is told him.

It is an open question whether it is generally recognized to what an extent a child needs, for its mental health and happiness, love from one whom it admires and respects. To what an extent young children idealize their parents, coincident on the part of the former with an attitude of love, reverence and respect for the latter amounting almost to worship, is perhaps not generally known. This is a phase of the child's emotional life well worth cultivating. It necessitates first, recognition of the existence of this tendency; and secondly, most gentle and accurate handling. Let us suppose, yet often it is not a supposition, that the child asks the parent a question pertaining to the sexual. Let us suppose, and this again is not always a supposition, that the answer is somewhat similar to what I have quoted above. The child learns from the parent whom it

¹ The unconsciously determined acts referred to consisted of very strong contractions of the thigh adductors when the sexual act was attempted, because the patient feared great pain as the result of the insertion of the penis into the small urethral orifice. In this patient the married life was in danger of being wrecked owing to the existence of morbid fears which could be readily traced back to early misconceptions regarding fundamental facts without a correction of the misconceptions as the child became an adult; in fact they remained during marriage, up to the time the patient came for treatment.

idealizes that sex is "naughty" and "nasty"; or it is told some fable or fairy story. Or the child may be suppressed, told not to ask such questions. The usually shrewd child notes whatever embarrassment its question may have caused.

This is a phase of the child's bringing up that is fraught with great danger, especially to children who love and idealize their parents. Not at all infrequently the child gets information in a coarse, vulgar manner from questionable sources, but in a way that has the air of truth and fact. The child now is in a dilemma as to whom to believe; love for the parents prompts him to believe them, and to reject what he later is forced to accept, usually, however, with a struggle. The child that idealizes the parent conceives the latter to be a person devoid of all taboo qualities, such as the sexual, for instance, and can only with great conflict come to accept the fact that such a parent indulges in sexuality, or even knows of such matters. Often in order to maintain his love for the ideal, the child who receives his information from questionable sources, refuses to accept sexuality as something pertaining to his parents, but is willing to accept it as an attribute of "bad" people, or of parents not his own. The great need for love is what prompts the child to use any expedient to maintain his ideal. For without some one to love him, and some one whom he can love, life to the worthwhile child has little in it to give him interest and incentive of a constructive nature.

Many a future neurosis has as one of its important causes, such a conflict. Many later character traits, if not determined, are influenced by such occurrences. The development of suspicion, distrust, and contempt of people in authority, or who stand in a relation suggesting that of the parent, in childhood, is a frequent result. Change of attitude to parent at the time of such occurrences is commonly noted. A frank, loving, truthful child may show a decided diminution in these qualities, if not their opposites. The mental process that takes place is somewhat as follows: "I have been deceived by my parents; how can I trust anybody? Why should I be honest and truthful?" Withdrawal of affection from the parent, seclusiveness and indulgence in phantasy formation, accompanied at times with masturbation, are by no means infrequent sequels to such a shattering of the child's ideal, as it seems to him.

Other sources of conflict and early familial fixations,² in their relation to neurotic causes later in life, may be prevented by not having children sleep in the same room or bed with adults or with parents; by avoiding too much scrupulousness in regard to cleansing children; too much fondling, hugging and kissing. Lastly the witnessing by children of conjugal embraces are frequent causes of later neurotic phenomena, and should be avoided. Often separating the sleeping quarters of the child from that of the parent will cure a neurosis, like "night terrors." Scenes witnessed in the sleeping room of the parent leave lasting impressions, even though the real significance of the incidents may not at the time be apparent to the observer. Later correct deductions are drawn, and conflict sets in as regards the parent being as ideal as the child had previously thought.

The question of sex instruction may be mentioned at this point. We all know how difficult it is to talk frankly on this topic to children, usually because the talker himself has resistances in the matter. One wants to know when and what to tell a child. Usually the child determines the time by asking the question. It does not seem advisable to impart information to young children unless they evidence a curiosity in the subject. When they do, then information should be frankly, and above all honestly imparted. By frankness I do not mean brusqueness or callousness to the feelings of the listener. The speaker should be free from all embarrassment in the process. What is told depends on the age of the questioner, and what the child already knows. The answer should be given when the question is put, and the information should be true; it should be put in a way that the child can understand it. An analogy from plant life will hardly enable the child to grasp correctly the processes as they occur in the human being. Its ignorance as to what occurs in the human being renders him unable to apply the analogy. The reverse is more likely true; namely, he can more readily understand other natural phenomena when he is acquainted with the fundamental ones in the human being. The information should be as accurate as possible, and above all, should be true. The question as to the wisdom of such a procedure naturally arises. When one sees how much harm apparently arises from misinformation, or information obtained from questionable source, one feels the advisability if not

² The reader is referred to "The Treatment of the Neuroses," by Ernest Jones, page 210.

the necessity of at least an attempt to prevent the harm by some prophylactic measure; such as I have indicated above seems to me warranted on account of our findings among neurotics. From my own experience in giving sex instruction to young children, I feel that only benefits can be expected. I have seen no harmful results.

I have considered the field of the sexual as fruitful from the point of view of prophylaxis, because in neurotic disturbances it is the one constant, even though not always the most outstanding factor. Other elements enter, and the more important of these will next be considered.

It is a truism that the fulfillment of an instinctive desire is accompanied by a satisfying release of tension, or by a distinct feeling of pleasure. It is also true that in the infant, and less uninhibitedly with the development of the moral, ethical and aesthetic reactions, the instinctive aspect of the emotional life predominates. The young child up to a certain age may be said to be unmoral, unethical, etc., living or wishing to live on what Freud has called the pleasure principle. This no doubt affords the most immediate outlet for feeling, and hence is most satisfactory. It is the line of least resistance and the easiest way. As the infant grows older, the parent or nurse puts gradually increasing pressure on activities of the purely instinctive type, attempting to stop some wholly, moderating or modifying others, to teach the child to conform to standards acceptable to the parent, and to those which the parent believes will be acceptable to the environment. The child learns that infringement on his part of the standard of requirement set by the parent results in some sort of punishment, chiefly in the form of a deprivation of love on the part of the parent for the child, or a diminution of that love. Another point to be considered is that the attitude of the infant, and to a degree gradually decreasing with years in the growing child, is one of dependence on the parent for its very sustenance. The self-preservative impulse is the one here primarily involved, it might be said. It is possible to conceive that love to the infant is interpreted by him (if one can be allowed to credit such thinking powers to one so young), as the doing by the parent of everything necessary for its existence and comfort. I mean that love (this is not original with me) has its beginnings in the dependence of the infant on the parents or nurse for its very existence. It is this egoistic component of the child's psyche that feels itself threatened, not in so far as life or existence is in danger, when the

possibility of the loss of love on the part of the parent is involved for the infringement on the part of the child of the demands made on him along cultural lines. Often enough the compensation is parental love or approval. The child gives up, or makes renunciation of forbidden indulgences most ably and readily, when thereby it gains in love from the parent.

Some patients suffering from neuroses show that in these neuroses the part played by the ego impulse is by no means unimportant. In the neuroses in which the sexual component is a prominent factor, the ego elements are by no means absent. For, as a matter of fact, a neurosis is the result of a conflict between the ego on the one hand, and such impulses like the sexual on the other, as the ego views as dangerous to itself, if they were to become conscious. Experience with the neurotic gives one ground to hope that prophylactic measures, in so far as they may be directed to exert influence through the parent on the child very early in life, may be instituted with a view to prevent future mental disease. This phase of prophylaxis throws into bold relief the environmental influences as important forces in the causation of neurotic disturbances. Not that the congenital or inherited factors are unimportant. The instincts which the infant brings with him at birth constitute a sufficient handicap at the start in our present society, in his efforts to find suitable and acceptable outlets for them. Not that society will at any time, so far as one can foretell, or even wish, be so constituted that it shall not make upon the individual any demands necessitating modification of expression of instincts, of any sort. In fact it is quite likely that within limits it is the renunciation of the ego impulses and other instinctive impulses that contributes to if not constitutes progress in culture and perhaps of civilization.

It will be advisable to consider a very early phase of the child to make clearer, perhaps, the importance and at the same time the difficulty of instituting prophylactic measures very early in life if one is to expect any results. I have in mind what analysts have termed the narcissistic stage of development of the infant. This is perhaps the earliest phase, in which self-love reigns supreme. This may well be concomitant with absolute, or almost such, control which the infant maintains over his environment. His ego is at this time supreme. That it is pleasant to reign, we all know. To a certain extent this narcissism is a normal phenomenon, and in the adult constitutes self-respect, self-confidence, or self-reliance. Present in

a greater quantity than normal, it may be called egoism or self-love. A deficiency of narcissism enters into the feeling of inferiority or inadequacy, a very common symptom in the neurotic, and a by no means infrequent characteristic in otherwise normal individuals.

It is these various manifestations of the ego impulse, or of the self-regarding impulse of McDougall that I wish to consider, and to indicate along what lines prophylactic measures may be of avail. Analysis of patients in whom the ego impulses are intimately concerned in the mechanism of their neurosis, shows that these impulses in point of development antedate those factors which are chiefly concerned in the neuroses described in the first part of the paper, in which the sexual impulse plays so prominent a part. In the latter condition the factors seem to be of a more deeply seated constitutional nature, indicating in the symptoms a point of regression beyond that reached in the other neuroses.

The early history of many patients in whom the ego impulse was an important factor in the neurosis, showed marked similarity along certain lines. Not a few were only children or favorite children. Some of them were unduly or for a longer period of their infancy and childhood, coddled or mothered. They developed into very sensitive, highstrung children, capable of having very strong feelings, but not giving expression to much of them. In later life, just as in their childhood, what they did, thought, felt or said, took place with the thought as to whether the parent, teacher, etc., would approve of the matter or not. A very strong desire to please was usually present. Work was done in a satisfactory manner usually only if the environment was favorable. Even in early childhood, these patients were moody; periods of depression or elation, of short duration occurred, either from unknown causes, or from causes apparently very trivial.

Less frequent, but of importance in this group, are those children who in a large family of children, are of an age somewhere between the youngest and oldest. They seem to feel that they lack the advantages that belong to the older, and also in a measure to the younger. The "in-between" seems to be lost, so to speak.

With the favorite or only child, the narcissistic period is unduly prolonged. He is like the child who is unduly coddled and mothered, made by the parent the recipient of excessive indulgences, anxiety, care, solicitude, etc. He is exposed to too much emotion. While he is made a great deal of, yet as that child grows older, he relies on

winning approval or love, by being a person who does something unexpected of one so young or small, even though at the time he is old enough to be expected to do such things. I mean that such children feel even as adults undue elation at being praised, or undue feelings of inferiority at being criticized. Or they react with strong anger when criticized, no matter how justly or moderately. It is frequently noted that the parents who have their favorite children, or who unduly coddle them, manifest neurotic traits themselves. They demand, unconsciously it is true, great love from their children. They produce in their children a desire for love or praise, accustomed as they are to receive this from the parent, in every phase of activity, frequently enough when not at all demanded or even desirable. Such children are excessively praised by the parent for even minor things done; this may bring with it, as might be inferred, a feeling of elation and superiority that is preferable to the feelings of inferiority often accompanying censure or disapproval or threatened loss of love. Both reactions are undesirable in that the reaction produced is excessive, all pervasive, instead of being limited merely to the incident calling for the praise or censure; the feeling pervades the entire ego, if it may be described in that way.

So much for prophylaxis in early childhood. I have dealt at some length with this phase of the problem because steps taken at this time may to some degree at least diminish the likelihood of an occurrence of a neurosis in childhood, and may at the same time make the individual less predisposed later in life to one.

However, there are, following the period of childhood and beginning with puberty, critical times and situations in which advice might tide the individual over the danger point; puberty itself is such a crucial time. At this time the sexual question presents itself as such, masturbation being the physical outlet, and phantasy formation the psychic. Healthy advice, an understanding and sympathetic attitude may indeed save the patient much future mental discord. As regards masturbation it is well to assure the individual that of itself, certainly if not often repeated (once to twice a week), it is not harmful. One can assure the individual that masturbation does not lead to insanity or to any severe neurosis. What it does is to set up a mild neurasthenia, and a severe conflict in the mind of the youth. One should ascertain the cause of the intense sexual stimulation, remove it if possible, and provide activities as suitable outlets. A valuable procedure is to have in school, for instance, some one to

whom the adolescent can go with any sort of personal problems or secret conflicts.

To pick out, as Jones has done, an illustration of possible cause of neurotic disturbance occurring somewhat later in life than the preceding, one might mention marriage. Frequently a neurosis develops at a contemplated marriage, or soon after contracting one. Especially is this the case in individuals who have been advised to marry in order to overcome or cure a neurotic disorder, such as impotence, for instance. This is indeed bad advice; as a rule an individual that does not marry of his own initiative, had better not marry at all, certainly not while ill or in a state of doubt. Marriage entails for many more than they can bear, and such are better off without the added burdens that the institution ordinarily carries with it, especially in so far as marriage makes demands on an individual's ability to love, and make renunciations and adjustments. During marriage, sexual irregularities, like coitus interruptus, are frequent causes of one form of neurosis, the actual. A relationship approximating the normal as closely as possible is a good prophylactic in this respect.

To summarize: Prophylactic measures in the psychoneuroses are based on the consideration that their origin is laid in early childhood; that an attitude of sympathetic and tolerant understanding of instinctive phenomena heretofore taboo would be of great help in this direction. We must recognize that not all individuals are capable of standing the strain of denial, the assumption of added responsibility or the attempt to adjust to difficult situations. At times it seems more advisable to adapt conditions to the individual than the reverse.

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UNCONSCIOUS MOTIVES UNDERLYING THE PERSONALITIES OF GREAT STATESMEN AND THEIR
RELATION TO EPOCH-MAKING EVENTS

III

THE NARCISM OF ALEXANDER THE GREAT

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NEW YORK, N. Y.

During the past decade earnest attempts have been made both by psychologists and historians to clear up by the use of newer psychology many of the mooted points in historical interpretation of great men and their times. In the absence of biographical records embracing many of the intimate details required for such analysis, data from various original sources have been requisitioned to help out so far as possible. In dealing with ancient times, the paucity of facts greatly hampers any effort to arrive at a conclusion on any particular event or the part actually played by an individual. To throw as much light on such studies as possible, the psychoanalytical method has been found useful and has been sanctioned by such competent authorities as Prof. James Harvey Robinson, Prof. Harry Elmer Barnes, Prof. Preserved Smith and others. Encouraged by the opinions of such historians I have essayed no less a task than to interpret what we may aptly term the "wild goose chase" made by Alexander the Great after the defeat of the Persians, and to show how his mental attitude at that time precluded his undertaking the task obviously next before him: that of properly consolidating the vast empire he had won, an empire that included almost all of the then known world. It seems a strange lack of foresight on the part of so gifted a general and statesman that Alexander did not immediately set about to establish a strong empire after the decisive defeat of his enemies; but he made no consistent effort to accomplish such a purpose. Instead, he spent his time apparently in aimless pursuit of an unobvious goal. So peculiar was his attitude that it makes one seriously doubt the sanity of this great genius at that period. Many superficial motives have been put forward to account for his conduct, but none sufficiently explain his actions.

One may take exception to the fact that in making these psycho-historical studies of genius there seems to be a failure to give other than a severely unfavorable view of the shortcomings exhibited by the types presented. This criticism would be valid were it not for the fact that we are not undertaking to present a picture of the entire life of the genius but are dwelling on the mainsprings of his defects in living adjustments. Critical inspection will not do the least harm to the world's appreciation and admiration of the splendid achievements of these men, but rather will make their greatness more patent in spite of their signal faults. Our apparently iconoclastic efforts are therefore undertaken to gain a larger scope of historical appreciation and to make underlying motives and the underlying qualities of these men more understandable.

To gain a comprehensive view of the man and his time we may give a short historical account of Alexander's appearance, his character and policy and the mythical romance that arose after his death.

Alexander III, known as the Great, was born 356 B.C. and died 323 B.C. He is described as of an athletic form, though not taller than the common, and possessing a white and ruddy complexion. The expression of his eyes had something "liquid and melting," and the hair which stood up over his forehead gave the suggestion of a lion. He had a way of carrying his head somewhat aslant. The greatest masters of the time executed portraits of him, Lysippus in sculpture, Apelles in painting, and Pyrgoteles in graven gems. Among surviving monuments, we have no completely certified portraits except the Tivoli herm (now in the Louvre) and the coins struck by his successors. The herm is a dry work and the head upon the coins shows various degrees of idealization. Alexander was clean shaven, and he set the fashion in this respect for the Graeco-Roman world for the next five hundred years. His character and policy are estimated to-day as diversely as ever. Certain features—the high physical courage, the impulsive energy, the fervid imagination—stand out clear; beyond that, disagreement begins. That he was a great master of war is admitted by most of those who judge his character unfavorably, but even this has been seriously questioned and there is much dispute as to his real designs. That he aimed at conquering the whole world and demanded to be worshipped as a god is the traditional view. Droysen denied the former, and Niese maintains that his ambition was limited by the bounds of the Persian

empire and that the claim to divine honors is fabulous. Arrian fails to substantiate the traditional view satisfactorily; on the other hand those who maintain it urge that Arrian's interests were mainly military, and that the other authorities, if inferior in trustworthiness, are completer in range of vision. Of those, again, who maintain the traditional view, some, like Niebuhr and Grote, regard it as convicting Alexander of mad ambition and vainglory, whilst to Kaerst, Alexander only incorporates ideas which were the timely fruit of a long historical development. The policy of fusing Greeks and Orientals again is diversely judged. To Droysen and Kaerst it accords with the historical conditions; to Grote and Beloch it is a betrayal of the prerogative of Hellenism. The figure of Alexander naturally impressed itself upon the imagination of the world which his career had shaken. Even in India we are told that he was held in honor by the native kings who took his farthest provinces in possession. But Eastern tradition, so tenacious of the old myths of primitive man, has a short memory for actual history, and five centuries later Alexander was only remembered in Iran as the accursed destroyer of sacred books, whose wisdom he had at the same time pilfered by causing translations to be made into "Roman." That the East to-day has so much to tell about Alexander is due to the fact that old mythical stories of gods or heroes who go traveling through lands of monsters and darkness, of magical fountains and unearthly oceans, became attached to his name in the popular literature of the Roman empire, and this mythical Alexander was reintroduced in the Seventh Century A.D. into the farther East, where the historical Alexander was almost forgotten. The romance of Alexander is found written in the languages of nearly all peoples from the Indian Ocean to the Atlantic, but all these versions are derived from the Greek original which circulated under the false name of Callisthenes.*

We can make very little of these few data to explain the restive mind of this genius and his meteoric career. We must therefore obtain, if possible, a closer analysis of Alexander's personality and its motivation in childhood, adolescence and his short adult life. He died of a fever, the exact nature of which is not known, when he was thirty-three. There seems to have been a decided morbid trend in his development, an abnormal but perhaps a not uncommon one. Before we may finally develop the main contention of our thesis it

* Ency. Brit.

will be necessary for us to recapitulate some phases of modern psychology.

The Oedipus complex* is fairly well known and accepted as the basis of many types of neuroses. There is, however, another and perhaps equally as large a group of nervous invalids who fall within a different category. These suffer from an improperly adjusted libido; the love striving, singularly, is not directed toward an outward object attachment, but is turned in upon the individual's own person or, rather, upon an idealized image of himself. This is called a state of narcissism, so termed after the Greek myth of Narcissus, the son of a river god who is said to have pined away because of his consuming passion to possess his own beautiful image mirrored in the depths of a pool. Moreover, we find that a state of idealized self-worship is common to all human beings; that which marks its pathologic import is its possession to excess, when it disturbs the social balance between the ego-consciousness and the objective surroundings of the individual. The narcissist fails to project his love interest to a proper degree; the state is then unhealthful alike to himself and to society. History and our own daily experiences afford many illustrations of this defect in emotional development.

Individuals possessing a moderate degree of narcissism may be called merely egotists or individualists; but others, under the strain of living, break over the boundaries of the norm into many types of neuroses and psychoses, notably, epilepsy, paranoia, homosexuality, hypochondria, compulsive neuroses, and similar pathologic alterations of the ego. It is unfair to say that these disorders are simply different forms of narcissism, but so many of these mental shipwrecks possess a large measure of this singular defect that one gains a fair idea of the qualities one may expect to find. It is a nice question just how much narcissism an individual may possess and still be within the realm of healthful living, and what degree when present in excess spells disaster. Undoubtedly it may vary greatly at different epochs and at different biological stages of development, so that one may not estimate the amount nor the kind of narcissism an individual may safely possess, but must rather judge by his natural and healthful living whether a normal degree of self loving is present compatible with personal and communal happiness. It not infre-

*I discussed briefly the Oedipus complex in my study of Abraham Lincoln, the first essay of this series, published in the *PSYCHOANALYTIC REVIEW*, January, 1921.

quently happens that narcissism is the great mainstay in an otherwise incompetent makeup, the narcissism doing service to stabilize the character and to urge the individual to aim at a high mark of personal worth. Thus narcissism as well as the Oedipus complex is of constructive value, and if kept under proper control they are the great forces in character and social upbuilding.

It often happens under various forms of stress an individual possessing an abnormal amount of these forces or fixations breaks down and becomes frankly neurotic or psychotic. In the past and even to-day many neuropsychiatrists explain the major portion of the nervous invalidism by this stress factor; but the majority take the middle course and indict equally the fundamental makeup as the basis upon which the neurosis develops. Many persons may show an abnormal trend in development in early life and for a long time handle their living adjustments successfully, but in later life the inherent defects may pour out a number of objectionable traits and symptoms. Many problems of daily life might be taken up more fully on the basis of the foregoing, but space forbids further digression.

Only very recently there has been brought forward an intelligent hypothesis to explain the phenomena of narcissism. Many case illustrations might be cited to substantiate this new view which, briefly stated, is as follows: During intrauterine life the child feels that it is a part of the mother and it continues to do so for some time after birth. When the physical weaning period is reached many of these primary traits or manners of feeling continue to remain in a state of identification with the mother. The child then looks out upon the world about him with the feeling-eyes of the mother: he sees his own person as the apple of his mother's eye; he receives her tenderest love and protection. Continuing this state of identification, he looks on this image of himself as the greatest of love-objects. He may gain such a wonderful entrancement of his own worth that he becomes engrossed in this first love. During this phase of development he may take on the mother's likes and dislikes and may never be able to free himself in later life from this attitude. He may go on loving and worshipping his own destiny to such an extent that he may never attain normal emotions toward the opposite sex, or, in exceptional instances, even for others of his own sex (homosexuality). In such a state of narcissism he looks upon himself as an all-sufficient god, ever enduring or ever renewing himself by his own

will. There are so many phases of the immediate descriptive topography of narcissism that one may only venture to point out the enormous importance of the whole subject, which forecasts a very rich fruition in personal and social psychology. But as a general pattern we may say that narcissism has its very roots in the mother's passion and temperament, and is modified and screened through the mind and imagination of the child.

Chronologically, narcissism antedates the Oedipus complex; the state of identification comes before that of looking upon the mother as the adored object. The next step from the Oedipus complex in normal development is the facility to meet adult love. But when the narcissism remains fixed the libido is inverted upon self. Many narcissists seem to build all their love energy into the life ambition to stamp their will upon the world. Carried to extremes one may easily see the ultimate harm of such an ambition. Once the morbid narcissist has builded his wonderful power to a state of completion he turns his attention to the means by which he may induce or compel others to bow down before the same image. Much of our formulation has been known by clever students of human nature, but only recently have we more carefully knit it together as a coherent psychological concept.

This brief analysis of the origin of narcissism will have made it sufficiently clear what general influence the infantile pattern of love life may play in adolescent and adult life. We may now examine such data as we have been able to collect from original sources to see how they may apply as a motivation in the life of Alexander. At the outset psychiatrists show us what has already been surmised, that most forms of functional nervous invalidism are due to improper matings in the parents, not in the sense of hereditary taints, but in the blending of traits and temperaments. It has been fairly well shown that temperament and traits of character as well as tendencies to disease—but not specific disease entities—are inherited; also, that propinquity is a shorter road to the development of undesirable and excessive personal habits than blood inheritance. We find the mating of Alexander's father, Philip II of Macedon, with his mother, Olympias, who was an Epirote princess, not only a bad one from the standpoint of conjugal happiness for either, and Philip in particular, but Olympias, being discriminated against in Philip's openly courting a second wife, probably turned her love toward her son and heir to succession. The son may

thus have received not only maternal love from his mother but conjugal love as well. Quite likely Olympia's love for Alexander was not intended so much for his personal benefit alone, but was built up in large measure out of a desire on her part to put into action a combined effort to thwart Philip's more personal ambitions through a more dominant control of Alexander. In order to exalt the person and worth of Alexander, Olympias encouraged the belief that Alexander was the offspring of a serpent which had been seen in his mother's bedchamber, the King of the Gods having assumed that disguise. Thus we see this oft-repeated symbolism of supposed divine origin doing duty both for a conscious and an unconscious purpose; the one to loosen Alexander's possible filial tie of respect and duty toward Philip, the other to exalt his egoistic satisfaction which so lustrous a divine parentage would naturally foster. Aside from actually inculcating power which such offspring might possess, Alexander would naturally find an easy road to throw off any of the hindrances and restraints ordinarily imposed upon those of more humble origin. History is silent as to what immediate effects such tales had upon Alexander. We may be sure they did not fall upon unwilling ears, as we may judge from the insistent outcropping of such ideas in his later life. Nor was this idea of divine origin but a momentary effort to disprove Philip's paternity, for we learn that Olympias persisted in driving the idea into Alexander not only during Philip's lifetime, but even after the latter's assassination; when Alexander was setting out for Asia she is said to have admonished him "to be mindful of his origin and do nothing unworthy of so great a father," meaning Jupiter.*

The degree of estrangement that existed after the early years of amicable relationship between father and son is proven by many facts. For instance, when news was brought that Philip had taken a famous city and had won a great battle, Alexander was not pleased but remarked to his playfellows, "Sirs, my father will have all. I shall have nothing left to conquer with you that shall be ought worth."† Such may be well counted an early appearance of that jealousy of his father's achievements which Alexander later showed even toward his memory. The unfriendly attitude between father and son was by no means one-sided, for Alexander came in for a high degree of suspicion when he married Eurydice; and Philip treated Alexander's mother with dishonor because she had openly encouraged the marriage.‡

* Freinshem, *Supp. to Curtius I*, 1.

† Plutarch, *Alexander the Great*, p. 7. ‡ Arrian III, 6.

As not infrequently happens, an early close tie of paternal-filial relationship becomes loosened or strained at puberty. Many a father holds his son in the highest regard and affection so long as he can dominate him, but so soon as the son begins to think and act for himself the father may not only doubt the former indicia of cleverness but may have grave misgivings as to whether the latter is capable to plan for himself a worth while career. The early or late seekings for independence, often called "sowing wild oats," are usually attended by a straining of the paternal-filial attachment and often attended by a certain degree of violence on the part of the son toward the duty-bond formerly existent. It is conceivable that all revolutions—national as well as personal—might be peaceable were it not for the fact that there is so little yielding to the new order on the part of the old. Thus it was in the enmity engendered between Philip and Alexander when the former began his amorous affairs outside his court. Alexander sided with his mother against these "dishonorable" proclivities of Philip, and when the latter actually did take a young maiden by the name of Cleopatra for a second wife there were many suspicions and forebodings as to Alexander's future. It is related that Cleopatra's uncle Attalus while in his cups persuaded the Macedonians who attended the wedding feast to pray to the gods that they might have a lawful heir of Philip and Cleopatra to succeed Philip. Alexander flew into a rage and threw a cup at Attalus, saying, "Why, traitor, what am I, dost thou take me for a bastard?" Philip then rose from the board and drew his sword, but fell drunken to the ground. That both Attalus and Alexander did not read Philip's intent to do physical violence to him is shown in the latter's taunting slur upon his father to the Macedonians, "Lo, here is the man that prepared to go out of Europe into Asia, and stepping only from one bed to another, ye see him laid along on the ground." * The umbrage that Alexander felt did not slumber here, for it seems that he soon went with his mother to Epirus and thence alone into Illyria apparently for the purpose of soliciting aid against his father. Philip, however, effected a reconciliation with Alexander, but apparently not with Olympias, for she remained in Epirus and continued opposed to him.

After the affair over Philip's marriage with Cleopatra a new difficulty arose between father and son. This was the proposed marriage of Philip's son Arrhidaeus to the daughter of Pixodarus, a

* Plutarch, ed. Dent, p. 13.

prince of Caria. Olympias took advantage of this episode to further influence Alexander's mind by suggesting to him that by this move Philip really intended to completely undo Alexander by making Arrhidaeus heir to the kingdom. This new machination of Olympias so annoyed Alexander that he even sent messengers to Pixodarus to persuade him to have his daughter make alliance with him rather than with Arrhidaeus whom he dubbed a "bastard and a fool"; the latter was known to be a half wit. Pixodarus acquainted Philip of the proffer, and the facts thus coming to light angered Philip so greatly that he upbraided Alexander, saying he had a base mind and was really unworthy to be left his heir after his death "if he would cast himself away by marrying the daughter of a Carian that was a slave and subject of a barbarous king." Philip thereupon ordered Alexander's messengers to Pixodarus to be sent home in bonds, and he banished four of Alexander's companions. Later Alexander called these exiles home and placed them in positions of great authority. These bickerings have a real modern flavor and make one feel a certain truth in the saying that every king hates the crown prince and *vice versa*.

During this period of continued misunderstandings between Philip and Alexander, Olympias remained in Epirus, implacable in her resentment of Philip's indignities and boasting, and possessing a hatred toward him worthy of a woman both high strung and strong minded. She sought to move her brother to take up arms and avenge her insults. In the meantime she kept her son's suspicions on the alert, and urged that he must not tamely submit to being displaced in the succession by the son of one of the new favorites. We have no specific indications that Philip had any real intentions to displace Alexander. There was abundance of evidence, however, that he was suspected of having such an idea in mind, not only by Olympias but generally among Alexander's friends.

The jealousy Alexander manifested later in life toward the memory of his father is well shown, though exhibited while intoxicated. Alexander had become king and had the unbridled opportunity to speak his own mind. During a banquet at Maracanda, Alexander while drunk began such an unrestrained eulogy of his own conquests that it was offensive even to those who knew he recited truths. He then began to disprove the achievements of Philip. "It was my work, the noble victory of Chaeroneia; my father from malevolence and envy took to himself the glory; he, just before, in

the sedition that arose between the Macedonians and the mercenary Greeks, lay disabled by a wound in the tumult; to save himself he pretended to be dead. I protected him with my shield and killed with my own hand enemy after enemy rushing on him; which service he never candidly acknowledged, abhorring to owe his life to his son. Therefore, after the expedition which I conducted alone against the Illyrians, I, the victor, wrote to him that the enemy were slain and routed. Philip had never been present. The men worthy to be extolled are not those who were prying into the Samothracian mysteries when they should have been burning and ravaging Asia, but those who by the vastness of their exploits surpass belief." *

In partial defense of Philip and his second marriage it must be said that Olympias in addition to being distinctly neurotic and ill tempered was a woman of half-wild blood, weird, visionary, and terrible, given over to the excessive practice of religious rites and mysteries. These tendencies were especially repugnant to Philip, and thoroughly estranged the two even before Philip began to show interest in other women.

Before passing to the supreme moment of actual test of character, the assumption of a despotic ruler's power, let us see what sort of personality and training Alexander had, independent of his relations with his father. He grew up in the retirement of the women's quarters, and of men he saw little. He was, through and through, a mother's boy, and to her he had the strongest attachment.† His tutor Leonidas was a stern disciplinarian, and from him he received an excellent physical education and was trained to endure hardships and privations, and to abhor luxury. The tendency of Alexander was naturally toward lavishness. Leonidas sought, doubtless, to check this and was remembered most distinctly by his former pupil in his favorite rôle of brakeman. And yet Leonidas cannot wholly escape the charge, which later opinion laid at his doors, of having carried his severity and martinetism too far, and of being in some measure responsible for certain faults, particularly of harshness, imperiousness and arbitrariness which showed themselves later in the bearing and temper of his pupil.‡ Aristotle came to Pella at Philip's bidding to direct the education of his son, and we know little of the mutual relations between the brilliant master and his

* Curtius VIII, 1.

† Wheeler, pp. 21, 22.

‡ Wheeler, pp. 23, 24.

brilliant pupil. They were of different and hardly sympathetic temperaments and we may suspect that Aristotle was more prone to curb than to spur the ardent spirit of Alexander.*

We now move across the stage of Alexander's life from his adolescence to the period following his vast military successes, to see what strides he made in personal development after his Asiatic victories. We find him greatly distracted from his military purposes by the recurrent and haunting desire for godhood, and he designed that others should believe in his divine origin. Stimulated by a desire to present himself before Jupiter, he made a visit to the Oracle at Ammon, and Curtius † gives the following account: As the king was approaching, the senior priest saluted him as "son," affirming that his father, Jupiter, bestowed that title. Alexander replied that he accepted it, and perceived a token of its validity, forgetting that he was a mortal man. He then inquired whether his father designed him to the empire of the globe. The hierophant, with concerted adulation, declared that he should govern the whole earth. Alexander was told that he should continue invincible till he joined the assembly of the gods. His friends who were permitted to consult the oracle merely sought to know whether it sanctioned their yielding to their king divine honors, to which the priest answered that "it was agreeable to Jupiter that they should render to their victorious king the honors of divinity." There seems to have been a progressive development in Alexander's aspirations: at first he was desirous of being regarded as the son of Ammon. After his wonderful victories and his contact with the Orient he conceived the notion of himself being bowed down to as a god. This reached its culmination in the ceremony of prostration which he ordered to be adopted.

As we have before indicated, psychoanalytic studies show that in the abnormal development of the infantile love-life many individuals fail to be completely weaned from the mother, and remain after the infantile period still attached as though a real part of her. As they begin to realize the mother's devoted love they, too, develop an attachment to themselves, not in an autoerotic sense—though this, too, occurs, but they may be said to doubly love themselves: first, because the mother makes them the primary object of tender love, and, second, because self-love is personally pleasurable. Looking to themselves as the love-object is termed the child's mother-identifica-

* J. B. Bury, *History of Greece*, London, 1902, Vol. II, p. 436.

† Curtius IV, 7.

tion period. One must understand that the greater portion of this self-love is idealized. The mother steadily distorts the attributes which the child naturally possesses and, through the eyes of love, places upon him fabricated attributes. When the libido develops normally, these supposed attributes of greatness and personal worth are discarded, or more frequently these tinsel wrappings of his personality are repressed into the unconscious as not compatible with the individual's advancing desires for social rapport. But under unusual circumstances, as for instance being the only child, the ego may play an exaggerated rôle. In the narrow confines of a semi-barbaric court Alexander did not have the best opportunity to rid himself of the distorted views inculcated by his mother, and likely enough they were also fostered by the court circle, whose natural trend to sycophancy is well known even in modern times. Perhaps none but Philip himself took opportunity to speak plainly to the boy of his real faults, and in striving to correct them may have incurred Alexander's natural animosity. Certain it is that Philip and all who strove to maintain a natural view of Alexander's personal worth and achievements came in for his most bitter condemnations, even to the extent of his compassing the death of his best friend and counselor, Clitus. It would seem that the outburst of rage attendant on this last incident borrowed some of its intensity from the chidings of Philip borne by Alexander perhaps with great impatience and repressed for a time, only to permit its final destructive outlet upon a dearly beloved friend.

The psychologic history of narcissism is not yet completed. The variations of ego-patterns induced by natural inheritance and the modifying circumstances under which the individual develops are but part of the complicated studies under investigation. We may be fairly sure, however, that Alexander, in spite of the fostering care his narcissism received from the court of Olympias, did not develop into the vain coxcomb he might easily have become in consequence. Alexander evidently possessed a keen, discriminative ability to remain unaffected by the major portion of the adulation he received in adolescence, yet for all this, his desire for being considered all powerful had a tendency to reappear with greater force at a later period when his genius gave him full time and opportunity to cultivate it to a more adult purpose. Thus in the latter years of his life we see him no longer toying with the divine origin idea, but he desired to be a veritable god in his own person, to be his own pro-

genitor and thus capable of self-perpetuation. As in many another instance of overweening self-love, where the very competing with self breaks down the limitations imposed on mortal man, Alexander, not satisfied with being considered a god ceremonially by the Persians, wished to be so considered by his own men and generals. This abnegation and idolatry being haltingly yielded, the opposing leader, Callisthenes, was gotten rid of by an apparently trivial false charge and executed.

Alexander, as is usual in the narcissist, began early to eliminate any form of criticism. Perhaps one of the great reasons why he did not yield to the urgency of the deputations asking him to return to Athens for deification, which he steadily refused to do, was because he considered the Athenians had once been cold and indifferent to his person and that, in the case of his return, they might soon forget themselves after a momentary adulation and pour the white light of frank criticism upon him; Athens had been fickle before and might be again even with regard to Alexander's glorified achievements and person. Was he really greater than Pericles or Aristides? At any rate, with his major conquests completed, he still seemed to desire to linger in the more easily controlled and uncritical atmosphere of the East. The Oriental pomp and circumstance not a little encouraged his narcissism. Having discarded the sonship idea, Alexander aspired to be a veritable god. He had to disport himself with godlike attributes and seek such efforts and goals worthy of gods. Thus one explains Alexander's desires to capture Aornus rock, which Heracles had not been able to do. The same idea partially underlay the march through the Gadrosian desert, which was supposed to be no mere mortal task. His Arabian wanderings were undertaken partly to achieve new sources of homage, for even the gods seek and welcome new accessions to the kingdom of their power and glory. More and more withdrawn from reality and earthly aims, Alexander's narcissism suffered such boredom it is even popularly supposed that he sighed that there were no more worlds to conquer, and sank deeper and deeper into his own narcissistic concern. A lethargy laid hold of him, and to avoid this final boredom he turned to the debauchery of his times. Bacchanal orgies illy compensated for the earlier unjaded zest of conquest, and though he might not conquer himself he might in dying have a form of death not unfitting to a god. This supposition is not uncommonly seen in others who sought divine disappearance from sight of mortals by the Euphrates ceremonial.

It may be said of Alexander as of Napoleon, that he never considered marriage in any other light than a means to further his own personal destiny. Once thoroughly detached from home ties his love revolved about his own fictitious godhead, and he never swerved from ministering to the latter and its promised fulfillment.

Thus we have in the brief life and career of Alexander an excellent example of a colossal narcissism dramatized to its tragic conclusion in the conquests of the known world, but he failed to conquer self. He failed to form any enduring state or empire, to consummate or advance the national welfare of his times and his dismal withdrawal from a great constructive purpose was the unworthy legacy he left behind.

A CASE OF PSEUDO-EPILEPSIA HYSTERICA

CURED BY PSYCHOANALYSIS

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Since the discovery of Freud that the neuroses have a psychic source, and are therefore amenable to psychotherapy, a good many borderland diseases—generally lumped together as nervous—have been submitted to the same psychoanalytical test and been found curable by this method. Here belong asthma, the tics, and what has hitherto been vaguely described as hysterolepilepsy. The name hysterolepilepsy has only been a cloak for our ignorance, since epilepsy could not always be distinguished from a hysterical fit. As a matter of fact, to-day we are still less in a position to make a differential diagnosis between true epilepsy and the hysterical epileptiform attack, since it is known that cases having all the appearance of epilepsy have been cured by psychoanalysis, and were thus proved to be neurotic epileptiform fits. All we can do at present is to choose for psychoanalytical treatment those cases that have not yet become chronic, and which, by their medical history, absence of accident, late appearance in life, etc., seem to exclude genuine Jacksonian epilepsy; and judge by results.

The following case is a typical example of fits, which recurred at regular intervals, frequently at night, which had lasted ten months, and which in their symptomatology were not distinguishable from true epilepsy, though they proved to be entirely curable by psychoanalysis.

The patient is a tailor, 22 years old, who was in the army without ever getting out of England. He got his first fit three months after demobilization. After his discharge he had been doing night work as a shipping clerk, and felt very exhausted from his unusual work. One day, whilst walking out, he felt very much upset by the noise of the tramcars: it seemed to be going "right through him." He went along for some distance, but was very shaky, as if in a maze. As he came under a railway bridge, the noise of a train passing overhead stunned him altogether; he collapsed, and was brought home unconscious. Since then, the tendency to fits remained, especially

when he heard street noises, when he heard a band, and especially when he approached a railway arch or station. Often the fits also occurred at night during his sleep.

On inquiring more carefully into the history of his fits, it transpired that he had had attacks of giddiness whilst still in the army. They always came when he had to meet his superior officers, and especially when he expected a draft to be sent out to France. In truth, he was very much afraid of being sent into the fighting line, and often worked up attacks of dizziness and fainting in order to escape that ordeal. At the same time, there was something genuine in his vague fear of some "impending fate" that hung over him; whilst the fear of being found out in his attempts at shirking added greatly to his bewilderment. Especially after fatiguing exercise he would get into a state of hot and cold shivers, with a tendency to vertigo.

Before he went into the army, he had assiduously kept away from women, for fear of weakening himself through loss of semen, having been warned when about sixteen of the dangers of sexual intercourse. Instead of that, he had given special attention to physical culture, to keep himself fit; he went in a good deal for athletics, and rather prided himself on his "manly" appearance, having been rather a weakling as a boy. Once in the army, he felt no scruples in giving way to his sex desires, so long repressed, and cohabited at regular intervals, not so much because he approved of it, as because he thought he might thus weaken his health. This was of no importance to him now, seeing that he might be sent to the front at any moment and meet his death.

It soon turned out in psychoanalysis that his dizziness, besides having one of its roots in fear, had also another unconscious root connected with lust. For one of his earliest recollections of a feeling of heat and dizziness went back to about his sixteenth year, when he served in a shop where he had to try coats on ladies. While completely abstinent physically, he has always had strong sexual phantasies, which practically never left him. In the street he always felt that everybody was looking at him, while he himself could not keep his eyes from scrutinizing every passing woman. Though in reality shy and timid, he imagined himself a hero, a ladies' man, for which he had tried to fit himself by assiduous devotion to athletics. Indeed, from being a puny child he developed into a big strapping lad, who was not a little proud of himself. He flushed up and got into a

perspiration at any difficulty, either at work or in society, yet he dreamed of heroic deeds. Indeed, he was thoroughly enraptured with himself, showing all the symptoms of intense narcissism. His athletics had served the same purpose. His fits were what Abraham has called "neurotic absences," being the expression of complete unconscious sex-absorption and fear of death.

The patient had only eighteen sittings. He became entirely free from fits by this short treatment, and has remained so until the present time, for more than two and a half years.

TRANSLATION

POETRY AND NEUROSIS

CONTRIBUTIONS TO THE PSYCHOLOGY OF THE ARTIST AND OF
ARTISTIC CREATIVE ABILITY

BY DR. WILLIAM STEKEL
OF VIENNA

Authorized English Version by James S. Van Teslaar

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I.

In his little common school it occurred to Tolstoy one day to put to test the poetic ability of the peasant children. He began telling them a story and before he went very far he asked them to continue it their own way. The first attempt proved so satisfactory that during the succeeding days he was satisfied to assume merely the rôle of a listener while the children in his charge gave free vent to their flights of phantasy. He was amazed by the keenness of their exposition, their tremendously rich imagery, the sway of their poetic inspiration and the beauty and strength of their imagination as seen in their joint product. He concluded that the most famous writers could not have conceived such wonderful stories as these simple, small, inexperienced village children had playfully knit together.

This experience teaches us clearly a fact which should have been recognized long ago: that in every child there slumbers a creative artist. The child fills the inanimate world with the products of its phantasy. A bit of wood becomes a doll, the doll a child, the child a king's son; the chair becomes a train, the turf-ground a tunnel, the little tin soldier his special guard. Next the little artist ventures with lightning swiftness into the wide world. In an hour he tastes the adventures of a hundred lives. Like every artist the child dwells in a "second" world of his own creation. "It would be unfair to hold," states *Freud*¹ "that it (the child) does not take that world seriously; on the contrary, its play is a serious matter and involves most earnest emotional outlay on its part. The opposite of play is not earnestness, but reality."

Adults, too, attempt to fly from the grey, perennial sameness of reality into the variegated, richly colored realm of the phantasy. For the artistic trend slumbering in the breast of every person and expressing itself so richly in the child, never dies in us. It may withdraw to a dusty corner in the soul, become covered over with the cobwebs of daily life, there to rest secure against the light of consciousness. In the night dreams it awakens secretly to new life and adorned with the ruler's purple mantle proudly strides forth into the hardy, endless realm of dreams. Every dreamer is an artist. And the artist in him breaks also through the yielding shell of consciousness into the light of clear day. In day-dreams we conjure up before our vision all sorts of adventures which enhance the illusion of happiness. *Freud* rightly remarks that "the happy person is not addicted to fancy weaving, only the ungratified person does so." But is there in the wide world a man so supremely happy that he has nothing further to require of life? The story about the happy man's shirt is well known; a king sent in search of it, in order to secure a complete cure for himself. The king's messengers searched everywhere, until they found at last a happy man, but—that man had no shirt! It means that such a man lives not at all, he is but a vision—the dream thought of an artist. It is a matter of indifference whether the poet was a single person or the people.

For folk thought is continuously engaged in artistic weaving of fancies. The fairy stories and myths are the people's dream thoughts. The race remains eternally a child. "The myth represents a retained portion of the infantile mental life of the race and the dream

¹ *Der Dichter und das Phantasieren. Sammlung kleiner Schriften zur Neurosenlehre. Zweite Folge.* F. Deuticke, Wien & Leipzig, 1909.

is the individual's myth." (*Abraham*.²) Thus we see that the artistic creations of the race are its dreams. How does that hold true?

There is essentially no difference between dream and poetry. Any one who masters the art of unravelling the symbolic representations of the dream is continually amazed at the high artistic quality displayed by the average person. The dream of the average person discloses to us his poetic trend. More correctly: The dream unshackles it.

The poets themselves have known this long before psychoanalysis had proven the fact scientifically. For instance, *Hebbel*, in his diaries remarks (3/VI, 1897) concerning "a wonderful but gruesome" dream of Christine, his sweetheart: "My notion that dream and poetry are identical is verified more and more." We find similar statements by *Schopenhauer* and *Jean Paul*.³

With their intuitive insight *Hebbel* and *Schopenhauer* have discovered a fundamental fact. Dream and poetry are almost identical psychic mechanisms. The dream derives its material from the depths of the unconscious. And does not true artistic talent consist of the ability to draw upon one's unconscious powers? *Goethe* relates that he has written down most of his poems at night, in a dream-like trance.⁴ Other poets relate similar experiences. The artist's ecstasy,

² *Traum und Mythos. Schriften zur angewandten Seelenkunde.* F. Deuticke, Leipzig & Wien, 1908.

³ This recalls also the beautiful thought of *Hans Sachs* in the *Meistersinger*:

Mein Freund, das g'rad ist Dichters Werk,
Dass er sein Traumen deut' und merk'.
Glaubt mir des Menschen wahrster Wahn
Wird ihm im Traume aufgetan:
All' Dichtkunst und Poeterei
Ist nichts als Wahrtraum-Deuterei.

⁴ *Möbius* holds that *Goethe's* is almost a case of compulsion poetry (*Goethe*, Leipzig, J. A. Barth, 1903). *Goethe* jumped at night out of bed, rushed to his desk and began to set down his poem from beginning to end, writing diagonally on the paper without taking the time to straighten out the sheet. As a pen might wake him from his trance-like state by scratching and spraying he preferred to use a pencil. *Möbius* points out the close parallel between that state and hypnosis. There can be no doubt that the poetic ecstasy is closely allied to somnambulistic phenomena. Interesting material on this subject may be found in *Behaghel's* monograph, *Bewusstes und Unbewusstes im dichterischen Schaffen* (Leipzig, 1907).

A study of the same import has been written by *F. Prescott*, entitled, *Poetry and Dreams* (Four Seas Co., Boston, Publishers). In this mono-

the glowing creative urge, the productive fever are similar states during which consciousness is displaced by a sort of somnambulistic state through autosuggestion, *i.e.*, a dream. The child, too, draws its creative ability from the unconscious. The child also has the ability to dream with open eyes.

We have been led already merely on the basis of these superficial observations to bring poetry and neurosis into apposition. For the neurosis manifests itself under similar circumstances. A hysterical person possesses the ability of withdrawing from the world of reality subjectively perceived as unbearable and to take refuge in the realm of the unconscious. We physicians call that a hysterical attack. The emotional display of such persons (*attitudes passionnelles*), their lively facial expressions disclose to us that during the attack they find vicarious gratification in a realm of highest emotional tension. We also know today—thanks to the glorious researches of *Freud*—that the world in which the hysterical plunges during the attack is the realm of Eros—an erotism lacking the inhibitions of morals or religion, destitute of the prohibitions of ethics and custom. Plunges? We could say with equal propriety, that the hysterical dreams his way into that realm! The hysterical person conjures up situations which life stubbornly refuses to actualize or which cannot be expected nor even accepted in reality. Following this process one step further we find that every neurotic possesses the ability to live in a second world. He divides his attention between dream and reality.

We (allegedly) normal persons, too, have our day-dreams, our phantasies which lead us into a second, more harmonious world, into the realm of wish fulfillment. Wherein does the difference consist? Why must the hysterical take refuge in his attack, while the "normal" person indulges in phantasies which merely entice him into the twilight of a half sleepy state without robbing him entirely of the critical power of his consciousness?

That difference is due entirely to the fact that the neurotics—we may here properly enough use the popular term "nervous" persons—find their phantasies unbearable in consciousness. What is more—they are not even conscious of their cravings. *The neurotic is unaware of the nature of his longings. His wishes are repressed.* As

graph the resemblances between the psychic mechanism of dream formation and that of artistic creation are pointed out on the basis of numerous illustrations from literature.

I have shown in my monograph on the *Causes of Nervousness*⁵ every neurotic is the victim of a psychic conflict. The longings of the unconscious conflict with the wishes of the consciousness.

That is true not only of the hysterical, it holds true of all neurotics. Indeed all persons live under the compulsion of repressing unbearable tendencies. The individual extent of ordinary repression constitutes the measure of that degree of neurotic predisposition which may be proven within every one of us. This may be called the "normal" person's "latent" neurosis. But eventually, in the case of normal persons, the repressed tendencies lose entirely their feeling-value. They present themselves as vague and bloodless survivals or appear merely as grotesque emotional relics during our night dreams. The neurotic on the other hand has hanging unto his repressed complexes the lead weights of powerful affects. He is a victim of inexplorable moods whose deepest causes are the emotionally stressed trends welling up from the unconscious. He is a personality divided, dissociated, "broken up" in *Nestroy's* sense. Consciousness and the unconscious stand in irreconcilable opposition to one another. The repression renders the unconscious too powerful. Beginning with the earliest stages of childhood all the unpleasant affects are repressed into the unconscious, all the forbidden gratifications, all the foolish and burning desires are tightly clamped down in the inner chamber, away from the outside world. Suddenly these subterranean forces begin to rumble and to stir. At first there may be but a light knocking at the walls. Then the inner voices become gradually louder, the cryptic longings press forward, they crave light, expression, and they attempt to achieve mastery over the soul. The "unconscious complexes" break into consciousness. But consciousness prefers to remain "deaf and dumb." It refuses to acknowledge the hidden wishes. Out of this struggle between the unconscious longings and the conscious inhibitions there arises, as a consequence of half-resisting and half-yielding, the *manifest* neurosis.

In the case of the artist, too, we find essentially a splitting of personality. The artist also stands under the sway of repression. He, too, is a victim of that dissonance between consciousness and the unconscious which leads to a *psychic conflict*.

Wherein does he differ from the neurotic? *Rank* declares:⁶ "The continual repression of certain instinctive cravings and the

⁵ English version by *James S. Van Teslaar*.

⁶ *Der Künstler*. Hugo Heller, Wien & Leipzig, 1907.

favoring of others, diametrically opposed to the former, becomes in the course of generations a sort of second nature, and involves a gradually decreasing deliberate opposition on the part of individuals; at the same time this process generates a sense of supreme compulsion in those individuals in whom the two natures are still actively at war. The conflict does not become conscious in the case of the normal because it is generally perceived by them as something objective and the feeling to which it gives rise is readily purged off through the dream (unconsciously); but these particular individuals—the artists—project upon their ‘self’ in the highest individual potency that conflict and its attendant affect so that in their case, it becomes too powerful for the dream to release, though without necessarily becoming a morbid tension; consequently the artists attempt to free themselves of the conflict by expressing it through their artistic creations, which thus resemble the formation of myths. From the psychologic standpoint the artist stands between the dreamer and the neurotic; their subjective mental process is essentially the same as in the others, differing merely in degree as well as in accordance with the measure of their respective artistic abilities. The loftiest types of artistic persons—the dramatist, the philosopher, and the ‘religious founder’ stand closest to the psycho-neurotic—the lowest type of dreamer.”

Thus far we have proceeded on the assumption that the artist is a normal person who stands in a certain contrast to the neurotic. We have seen that *Rank* is also of this opinion.

But I cannot wholly approve this view. My investigations have positively convinced me that between the neurotic and the artist there is no essential difference. Not every neurotic is an artist. But every artist is a neurotic.

I do not propose to be misunderstood. I do not mean to stamp all artists as “abnormal.” I do not intend to repeat the error of *Lombroso* and *Nordau*. In a very suggestive work *Löwenfeld*⁷ has proven that there can be no question of a “degenerative psychosis of the epileptic type” in the case of genius, in *Lombroso’s* sense. According to this investigator genius has its roots in health not in disease. But who dares draw a precise line between disease and health?

Where does the normal cease and the pathological begin? I have pointed out from the first that there are in fact no absolutely

⁷ *Über die geniale Geistestätigkeit. Mit besonderer Berücksichtigung des Genies für bildende Kunst.* J. F. Bergmann, Wiesbaden, 1903.

normal persons. In every one's breast there slumbers a bit of neurosis. That slumbering piece of neurosis is what constitutes the foundation of all creative ability.

II.

The neurosis is generated by a process of psychic stagnation. The forbidding forces of our inhibitions restrain forcefully our stirring affects. The latter create for themselves in consequence false pathways, *i.e.*, they break out in neurotic symptoms. Or else they attempt to overcome the inhibitions through artistic sublimation. All creative activity represents a freeing of excessive energies, an outflow of pressing inhibitions. This is perhaps nowhere so clearly shown as in the conceptions of poetry. In the case of the musician the personal element disappears under a form of expression capable of reproducing any mood but no thought. The painter expresses moods as well as thoughts. But in his creations the poet discloses the analysis of his own neurosis. He may wish ever so earnestly to hide his intimate thoughts but he can never succeed. *Every poetic creation is a confession!*

The mental abnormality disclosed by creative spirits has been known to investigators for a long time. An attempt has even been made of connecting genius with insanity! This hypothesis with which *Lombroso's* name is linked had already been precognized by *Aristotle* (*vid.* his "*nullum magnum ingenium sine mixtura demetiae fuit*") who attributed poetic inspiration to a powerful onrush of the blood to the head. *Nordau* particularized the conception by ascribing a number of modern poets to the type of "degenerates," and other contemporary psychiatrists and neurologists incline one-sidedly to the "degeneration" and "psychosis" theory of genius. Poetic genius has also been identified with insanity.

The attempt to stamp genius as a sign of "degeneration" rests on an erroneous conception of the matter. With the shibboleth "degeneration" the attempt has been made to explain away the deepest problems of creative ability! The contentions of *Lombroso* and *Nordau* who in their well known works have dragged down the conception of artistry, border on the ridiculous. Nothing is so puerile as to attempt to judge artists and to justify their existence as it were with the (wholly hypothetical) canons of "normal" man. According to *Nordau* even *Richard Wagner*, *Tolstoy*, *Ibsen* and *Maeterlinck* are but "degenerate graphomaniacs."

It is high time that we abandon the puerile talk about "degeneration" and "hereditary taint." Artists are not degenerates. They are neurotics; and neurosis is only a result of the progressive cultural level of existence. Neurosis forges the background for all progress. It leads the philosopher to investigate, it impels the discoverer to solve important problems and it enables the artist to conceive his loftiest creations. In that sense the neurosis is actually the bloom on the tree of humanity. Without the neurotic we would find ourselves in the A, B, C, of cultural progress.

But shibboleths, once they have become popular, have an enormous vogue. The artistic genius is mentally deranged—that is what the pathographists preach. And what wonderful diagnoses have they not suggested! *Lombroso* spoke of "mattoids" and "graphomaniacs." *Nordau* of "degeneration" (and he always speaks of hysteria as a "degeneration"), *Magnan* of "dégénéres supérieurs." Modern psychiatrists have gone even further and have attempted more minute diagnoses.

There has been no agreement reached regarding the actual nature of the insanity in question. Some investigators speak of Dementia Praecox, or of Paranoia, others favor the diagnosis of Cyclothymia (manic-depressive insanity). *Mæbius* who saw in every genius a degenerate in *Magnan's* sense (Oh, what evil that man has introduced in psychiatry!) divided genius into three groups, all belonging alike to the category of "degenerations": Cyclothymia, Dementia Praecox and Paranoia. He states: "*Luther, Gæthe, Schopenhauer, Cowper, Gérard de Nerval* were Cyclothymic; *Lenz, Hælderlin, C. F. Meyer, Robert Schumann, Scheffel* suffered of Dementia Praecox; while *Tasso, Rousseau* and *Gutzkow* suffered of Paranoia (Dementia paranoides)."¹ What a meager list in comparison to the endless chain of men of genius! *Tasso, Rousseau* and (what strange company) *Gutzkow*—it is hardly sufficient to base on so scant a number of representatives such a far reaching hypothesis! If one permits oneself such arbitrary choice it might be just as easy to prove that the shoemaker's trade has some relations to Dementia Praecox! It is possible to find a certain proportion of mental disorder among a given number of persons in any vocation.

The artist is not insane! He is a mentally abnormal personality, like every neurotic. His brain functions in normal fashion. He even shows an excessive productive energy. But his soul does not

¹ *Über Scheffel's Krankheit.* Karl Marhold, 1907.

possess equilibrium. I do not propose thereby to draw a contrast between brain and soul. The soul, in popular expression, as the center of affective processes—is but a functional form of our brain. The brain is anatomically sound in the neurotic, and so are also his nervous structures. *Psychosis is a disease of the intellect and of the affects* (Bleuler). The neurotic shows merely a change in his affectivity. His disorders are due merely to a false psychic mechanism. Similar mechanisms play also a rôle in psychosis. Nevertheless certain differences are traceable in the rough. The mentally deranged is one who has lost the critical faculty with reference to his insane notion. There is no bridging over from his mind into the world of reality. The neurotic appears insane only on superficial examination. His compulsive acts, illogical in our eyes, are logically motivated in his unconscious. The bridge linking him to the realm of reality still persists. The connection is merely covered up and invisible from a distance. Moreover *Jung* and long before him *Freud* have discovered the presence of connecting links between the subject's mind and the world of reality even in cases of insanity (*Dementia Praecox*). There are disorders, as melancholia, for instance, which stand on the borderline between neurosis and psychosis.

Unfortunately our confusing nomenclature renders difficult a sharp distinction between mental and nervous disorder. It is a habit, which has long since become an anachronism, to speak of "nervous" complaints in the case of neurotic persons. The nerves as such, have in reality nothing to do with the condition ordinarily designated as nervousness. "The nerves proper," says *Strümpell* rightly "are merely connecting paths and although they are subject to disease, as a matter of fact they have nothing to do with what is commonly called in professional language "nervousness," or very little and only in a secondary sense. The letter carrier is not responsible for the content of the message entrusted to him for transmission; nor is he responsible for the impression made by the message he delivers."²

The designation "neurosis" therefore gives us no clue to the nature of the ailment. *Freud's* term *psychoneurosis* is much more suitable because it hints at the character of the trouble as a disorder of the soul.

The designation "psychosis" certainly does not fit altogether the mental disorders. For psychosis means disorder of the soul, and

² *Nervosität und Erziehung*. F. C. Vogel, Leipzig, 1908.

the neurotics too are soul-sick. Of course, the insane is also a victim of soul sickness. But the characteristic feature of his illness is the disorder of the "intellect."

It is necessary to resort to more fitting nomenclature. Everything that has been designated thus far as "nervousness," being essentially a disorder of affectivity should be called "parapathy"; mental disorder, in which the intellect becomes subservient to the affects, should be called "paralogy."

But new names introduce themselves with difficulty into common use. Therefore we shall still adhere to the old nomenclature but in a different sense. Under *neurosis* we refer to the *psychoneurosis* in Freud's sense, or Janet's *psychasthenia* while *psychosis* is a term we reserve for any disorder of the intellect.

Neurosis is most intimately linked with the subject's infantile experiences. It is only to a very small extent the result of hereditary transmission. For the most part it is due to environmental influences.

If a person is brought up in an environment which requires continuous repression on his part, which compels him to fight down his instinctive cravings, there arises, under a certain constitutional predisposition—a neurosis. In psychosis the repressed cravings overcome the inhibitions of consciousness. The unconscious achieves mastery over consciousness. The psychotic individual destroys the bridges which link him to reality and withdraws within the realm of the obsessive "complexes." His overstressed feeling-judgment destroys all competitive or antagonistic ideas. Psychosis is the last extreme of neurosis; the neurosis represents a compromise between instinct and inhibition, between craving and repression, while the psychosis stands ultimately for the peace of the graveyard. Naturally this excludes the borderland cases between psychosis and neurosis.

Every form of genius shows a certain—often merely apparent—relationship with both, neurosis and psychosis. Attempts have been made (as already stated), to connect genius with "degeneration." But the shibboleth "psychopathic inferiority" does not fit the picture of all-embracing genius. Nevertheless we still encounter attempts at linking genius and insanity—highest "creative ability" and "degeneration."

The psychoneuroses show us a definite genetic mechanism in which sexual traumas, repressions (unconscious complexes), and psychic conflicts play a tremendous rôle. But what we have learned thus far about the psychic mechanism of the psychoses points to

similar origins as the neurosis. Both categories of disorders have similar beginnings. Of course after a shorter or longer period their pathways divide. We do not know as yet the reason why the same causes bring forth in one instance neurosis and in the next a psychosis. *Jung*³ is of the opinion that in the case of *Dementia Praecox* the factor of intoxication plays an etiologic rôle; other investigators place greater weight on the somatic factors—the general constitution. Perhaps the conformation of the skull to the developmental needs of the brain plays a certain rôle in the sense recognized by *Buschan*⁴ who has often found that in the skulls of gifted persons the sagittal fissure remains unclosed. *Buschan* considers *metopism*, i.e., the persistence of an open frontal fissure, the physical sign of a strong brain development. The skull with loose frontal fissure makes for brachycephaly. It happens that *Buschan* himself was able to prove that the "short heads" are preëminently among the mentally superior persons. According to this investigator persons with metopic skulls must have been the ones who raised themselves to a level of mental development higher than their fellow men. According to *Mühlmann*⁵ the brain grows continually up to the twentieth year. The growth is naturally more marked in mental workers than in others. The open sagittal fissure permits free growth.

The neurosis naturally places the brain under great strain. The tremendous amount of mental work performed by an obsessive dreamer, for instance, is incalculable; such a subject performs as much work as a philosopher. He is sometimes a philosopher. His tremendous mental activity must influence materially the growth of the brain. If the bony skull is so formed as to permit the necessary growth, the subject becomes merely a neurotic. But if the spatial ratio is surpassed he necessarily drifts into psychosis.

At any rate it is a striking fact that so many victims of *Dementia Praecox* show suddenly arrested development around the tenth year. Of course it would be necessary to investigate the relations between cranial capacity and psychosis on the basis of a far larger amount of data than is available at present in order fully to justify the hypothesis. It is particularly important to determine definitely whether metopic skulls actually lessen the incidence of psychosis.

³ *Zur Psychologie der Dementia Praecox*. Halle a. S. 1906.

⁴ *Gehirn und Kultur*. J. F. Bergmann, Wiesbaden, 1906.

⁵ *Über die Ursachen des Alters. Grundzüge einer Physiologie des Wachstums*. J. F. Bergmann, Wiesbaden, 1900.

The sagittal fissure has been found unclosed in *Kant*, also in *Gauss*. Metopism would thus appear to be nature's provision favoring the growth of the brain in genius. But that is after all only a hypothesis, though I must emphasize, a hypothesis which I am inclined to consider highly probable. Possibly certain disorders of the internal secretions (sexual glands, thyroid, etc.) also play a certain rôle, in the sense in which I have assumed they must influence the development of anxiety neurosis and anxiety hysteria.⁶

Unfortunately there is a widespread tendency in modern psychiatry to ascribe various neurotic disorders to insanity. Such clinical entities are currently spoken of as "neurasthenic insanity," and "anxiety psychosis"; compulsion neurotics are regarded as insane, whereas the investigations of psychoanalysis show that there can be no question of insanity in such cases, since the subjects still preserve an insight into their condition and their overstressed feeling-attitude may be reduced down to a "normal" feeling-value through psychoanalysis upon being cleared of the excessive emotional ballast. What the artist exhibits is neurosis, not actual psychosis. Psychosis indicates abandonment of the struggle with the forces of the unconscious. The intellect becomes subjected to the sway of the affects. It is no longer capable of exercising its judgment-function. It ceases to be serviceable.

We shall see later how the neurosis inspires the artist to take pen in hand and precisely in what sense his artistic creations are attempts at sublimation. Creative activity is virtually a process of healing through auto-analysis. The psychoanalytic method for the treatment of the neuroses which we have been taught by *Freud* consists of rendering the unconscious complexes conscious; it brings about a release of the old affects which slumber embedded in the depths of the soul and solves the psychic conflicts.

The artist-writer through his artistic creations similarly relieves himself of the affects and conflicts which beset him. This is the very thought which *Heine* expresses when he states: "May poetry be perchance a disease of man, like the pearls which are really the product of a disease of the oyster?" (*Romantische Schule*). And *Grillparzer* who has perhaps gone more deeply than any other writer into the relations between neurosis and poetry, states:

Dichten heisst denn freilich eben
Im fremden Dasein eig'ne leben.

⁶ *Stekel: Nervous Anxiety States and their Treatment*. Dodd, Mead & Co., New York.

The same thought is expressed in a more completely rounded out form by *Grillbarzer*, in his wonderful poem entitled, "*Abschied aus Gastein*":

Und wie die Perlen, die die Schönheit schmücken
 Des wasserreiches wasserhelle Zier,
 Den Finder, nicht die Geberin beglücken,
 Das freudenlose stille Muscheltier;
 Denn *Krankheit* nur und langer Schmerz entdrücken
 Das heissgesuchte traur'ge Kleinod ihr,
 Und was euch so entzückt mit seinen Strahlen
 Es ward erzeugt in Todesnot und Qualen.

We observe here the striking similarity with *Heine's* thought; and the end of the poem:

Was ihr für Lieder haltet, es sind Klagen
 Gesprochen in ein freudenloses All;
 Und Flammen, Perlen, Schmuck, die euch umschweben,
Gelöste Teile sind's von seinem Leben.

Here we find clearly the thought expressed that every artistic creation of the writer rises out of conflict: out of the unconscious; that the neurosis is the goddess which bestows upon the artist the gift of expressing what he feels.

Having brought out in general outline the relationship between poetry and neurosis we must now bring forth specifically the proofs for our contentions. First we must describe the symptoms of neurosis and investigate whether these symptoms are also found in connection with artistic productiveness. We shall next be confronted with the task of proving that the specific products of artistic creations owe their particular forms not alone to external stimuli but that they are also conditioned by the neurosis.

There is noticeable a tremendous confusion in the particular field of neurosis. Usually the concept "nervous" is confused with "neurasthenic" and any one who shows some nervous symptoms is forthwith stamped as a neurasthenic. *Mæbius* very properly opposed this abuse of the term neurasthenia. In my experience I find that neurasthenia proper is a very rare occurrence. The more common manifestations are anxiety neurosis, anxiety hysteria, conversion hysteria and compulsive neurosis. But I do not propose to burden the reader with a professional description of the various forms of neurosis. Briefly I may state that my analysis of various artists

and writers has always yielded the same result. I found everywhere a definite background of hysteria. This disorder, whose widespread prevalence among persons of the female sex has long ago attracted the attention of observers, occurs also among men in a typical form which, in accordance with the suggestion made by *Freud*, may be properly called "*anxiety hysteria*." The nucleus of this disorder is formed by the feeling of dread, a feeling which manifests itself under various forms and which arises out of the repression of sexual cravings.

But—what is hysteria? Since we have acquired insight into the psychic structure of the neuroses we know that it represents the emotionally stressed complexes which have become split off from consciousness and thus disturbs the psychic balance. Hysteria is virtually but one of the special forms under which repression manifests itself. This splitting up of the consciousness expresses itself in a number of symptoms—anxiety states, compulsive thoughts, and bodily manifestations—baffling to the consciousness. *The hysterical symptoms are creative formulations of the unconscious.*

Artistic creations are subject to the same law. The writer creates out of his unconscious and that is why it is possible for him to formulate so many varying creations true to nature and to take completely into account so many different emotions. The average neurotic becomes ill because he represses forcefully the cravings which well up from the background of his instincts. His repressions stifle him. On the other hand the artist frees himself of his neurosis, because like Vulcan he throws off his inner flames.

III.

Modern psychoanalytic treatment accomplishes its cure by rendering the patient aware of his unconscious mental life—by demonstrating to a certain extent *ad oculos*, as it were, the criminal trend in his inner make-up. The writer carries out a similar psychoanalysis on his creations. Through these outside pictures he holds a mirror before his soul. By allowing his wild instinctive cravings to follow their own course in the artistic creations of his phantasy he rids himself of the inner tension.

In fact all neurotics suffer of a disharmony between their powerful cravings and the limited range of opportunity for expressing them. Strict conditions of living require them to repress their instincts. The poet betrays early the roots of neurosis—overstressed

cravings—in common with the ordinary neurotic. With the tremendous primordial instinct, the sexual, all the pent-up cravings tend to break through the barriers set up by culture. Popular belief takes cognizance of this fact by permitting the artist a certain measure of sexual freedom which is denied to the average person. A woman artist may permit herself certain liberties which would mean “civic death” (social ostracism) for any other woman.

The overemphasis of instinctive cravings is something that may be traced back to the early stages in the lives of all artists. Of course, the early life of most artists is rather obscure. Only a few have had the courage to examine themselves. How instructive it would be if there were more Jean Jacques Rousseaus among them!

In his *Confessions* Rousseau states: “Great is the power of my passions and when they are stirred within me I am restrained by no considerations and no love. I hardly note the object of my excitation. The sight of a sheet of drawing paper stirs me more than the sight of the money with which I might purchase that paper. I see some object and I am seized with the temptation to appropriate it; but the means whereby I might attain ownership of the coveted article leave me cold. To this day I prefer to pick up some trifling object that strikes my eye, rather than ask the owner for it.”¹

Gaethe, of whom we shall speak at greater length later, once said to *Eckermann*: “The chief thing is to learn self-mastery. Were I to let myself go, I should easily destroy myself and those around me.”

Since I propose to trace at some length the relationship between artistic creations and neurotic conflicts in connection with one of *Grillparzer's* great works (*Dream is Life*), I shall refer preferably to this writer and only in lesser measure to some others.

We know relatively a great deal about *Grillparzer's* early life. He himself has related some interesting incidents in his diaries. He went through the fate of every man of genius. He was the victim of an overpowering domination of instinctive cravings.

Grillparzer's confession about the force of his cravings is particularly stirring. (*Vid. his Diaries*, No. 6.) The following quotation dates from his seventeenth year. What must the poor young man have gone through till then!

Grillparzer states:

“‘Am I a good man or not?’ I do not dare determine this point. True, sometimes I imagine I am a good man but next minute my

¹ That Jean Jacques Rousseau was a flagellant and a masochist is well known.

experience teaches me otherwise. Often I give money to the poor,—one might say: at least you are charitable! But I am not, for I don't feel that I would help one through a third person—at least I should not do it very easily. I give alms to get rid of troublesome thoughts; indeed, often I do it as a means of salving my heart as when I have reason to reproach myself with hardness of feeling and lack of sympathy. I am not truly charitable, although I give more alms than any one, perhaps more than a hundred others, for I do not give under all circumstances, nor do I give away everything. I should readily give my brother one half of my money but I would perhaps never yield to him something for which I particularly care. I am not candid, or rather I may be called that only when I make a special effort. I am capable of covertly keeping something from my friend,—I may even make fun of him in his presence, render him ridiculous and—I am ashamed to confess it—I have once slandered even Mailler, who at one time, at least, was very devoted to me, and I have done this before a person whom I hardly knew—uttering slanderous statements which I well knew to be groundless and false. Perhaps I would not treat thus a true friend, if I found one? I do not know; but in the case of Mailler, too, that conduct was inexcusable. Not only do I lack most good qualities, but, what is more, the evil, the wrong ones, have such a tremendous power over me, that I am often reduced to cringing when I contemplate myself. I lie—not only in jest; this is a predisposition, a case of finding pleasure in lying. I have an almost invincible desire to steal, a desire that is held in check only by my sense of honor which, in its turn, is so keen as to border on the ridiculous. When I lack money (but only at such times) I feel an inclination to abstract anything whatever which I see at home. I am revengeful, so much so that I am beside myself if I am unable fully to gratify this passion. I believe that to find myself unable to revenge an insult would kill me. This passion for revenge is particularly strong in me when jealousy is at play. The last is the one strong passion I feel in my heart above all others so that neither love nor gratification, in themselves strong passions with me, can match with it. Jealousy in my case shuts out entirely the voice of reason and I am ashamed when I think back and recall incidents which really put me on a level with the wild beasts. An animated conversation between my beloved and some stranger makes me mad; if she is praised by some one, I feel angry with the stranger who dares utter her praises; if she so much as mentions some other person with any show of interest my peace

of mind is destroyed. I well remember what I endured while I was in love with Therese; that was the sweetest, but also the most troublesome, period of my life till then.

"If a stranger looked at her I felt angry with that stranger. Never was this passion more terrible and repulsive in me than when K. once wanted to kiss Antoinette. I could not describe my feelings at that time. I trembled and shivered, like one gripped by fever, my jaws were set and my fists clenched. I wish I could wipe that occasion out of my memory. I am convinced that I would revenge with violence any faithlessness on the part of the beloved (even though courage is not a preëminent feature of my character). As boundless as my jealousy is also my longing for love and pleasure. It is remarkable how very distinct these passions are in my soul and heart; when I am under the sway of one there is no room for the other. When I was in love with Therese (and my love for her was purer perhaps than my love will ever again be) I did not know that she had a pretty bosom and that, truly, is saying a great deal in my case. I did notice that in Antoinette and there too, my love was nothing less than very spiritual. When I meet N. I think of nothing but the "*Schäferstunde*." When I am in love, I love as perhaps no one, or only few persons, ever loved: my feelings are indescribable,—they cannot be compared to anything. I am actually in physical pain: my heart aches, as if ready to break; and strangely enough, my suffering is at its height only so long as I am unlucky in my love affair; if I make an impression (I do not mean by that, if I have tasted carnal gratification, but merely, if my love is reciprocated), my affection cools down in the measure in which the reciprocal affection grows and presently I am cold. As with love so it goes also with my pleasure seeking; so long as I meet opposition my craving is extreme,—gratification dissipates the passion. Strange! Sensual pleasure, among my other passions I am usually able to withstand if the craving for it is not fostered by some conjoint circumstance; but if my phantasy is involved, then—I brook no interference! During the months of March and May I wish no girl, for her sake as well as mine, to be alone with me in the fields, especially during evenings. Nothing so rouses in me the feelings of love or craving for gratification (according to circumstances) as a pleasant evening in the open air, especially in moonlight; a beautiful morning is different; it inspires me and it lifts me above all passions. I do not believe that I could watch the sunrise on a beautiful morning and harbor a revengeful or sensuous thought in my mind.

"Another of my chief failings is envy; and of that I am ashamed more than of anything else! My envy shows itself particularly when I read some fine poem or some other excellent artistic composition; I am inclined to take it to pieces and to belittle every word, every thought therein.

"I must cease for I note that I am getting warmed up."

Seldom has a writer expressed himself with greater frankness concerning his instincts.

Gottfried Keller in his cryptic manner and indirectly has described his kleptomaniac tendencies in *Der Grüne Heinrich*.

The reader is referred to the chapters entitled, respectively, "*Childish Crimes*" and "*Early Guilt*." There can be no doubt that *Keller* describes therein the reminiscences of his youth and his own thefts. In his "*Leute von Seldwyla*," too, he described how *Frau Amrain* looked indulgently upon the failings in her youngest boy. She refused to get alarmed over the child's misconduct. "But all that was contrary to custom. If a child takes some money or helps himself to some other valuable, parents and teachers alike are overcome with a tremendous fear, they are troubled with the terrible premonition of a criminal future for the child, as if aware through their own experience how hard it is to avoid becoming thief or swindler."

Dostoevsky,² the genial Russian psychologist, expresses himself in a similar sense. In a letter to a bank clerk who had been accused of a serious embezzlement he wrote: "I am myself no better than you or any other human being." In another letter he complains: "The worst is that at bottom my character is really low and sensual." He was fond of card playing and during childhood he always handled them dishonestly. His brother relates: "Feodor always succeeded to beat the others with his tricks, even though he was caught at it a few times."

He felt himself to be "the most miserable, the vilest of human beings." That feeling-attitude indicated an enormous guilty conscience, such as we find only among neurotics who are fighting heroically against the threatening outbreak of their violent instincts. Every neurotic is in fact a potential criminal—a criminal without the

² In a contribution entitled *Die Sexuelle Wurzel der Kleptomanie* (Monatshefte f. Sexualwissenschaft, No. 9, p. 190), I have shown that these thefts usually mean a "forbidden act" and that to a certain extent they replace in symbolic form some forbidden sexual act.

criminal's courage. It is rather logical that *Dostoievsky* should be the author of *Raskolnicov* and of *Brothers Karamazoff*.

Swift, too, has written the confession of a theft.

The impulse towards evil is remarkably strong in all artists. This is a fact which need not surprise us if we bear in mind that all neurotics remain emotionally on the level of children and that, like all children, they preserve inwardly the seed for all asocial (or criminal) tendencies.

That is a fact obvious on the testimony proper of writers.

Hebbel, who knew that "the artist is entrusted with the secret of life, because he is capable of perceiving instinctively the root of every form of experience as well as the general form of and every phase of existence" relates of himself, as a twenty-year-old boy: "Whenever I get near the key to my heart, I shrink back with horror." Elsewhere he states of *Byron*: "Presumably he would not have been so great a poet had he not been so great a sinner." He perceives, too, the secret of our instincts—as when he states: "It is astonishing to what an extent all human instincts are traceable back to a pivotal root."³

Although his "horror" of himself brought forth his outcry: "Oh! how often I implore from the depths of my soul: oh God, why am I as I am—the most miserable of men!" he perceives and appreciates the standpoint of modern psychoanalysis: "Human conditions have appeared painful to me only so long as I did not see through them—so long as I failed to recognize that our cravings are based on nature." He was a hypochondriac like *Grillparzer*, *Lichtenberg*, *Gæthe* and like most other men of genius. "My life is a strange mixture of mad intoxication and disconcerting sobriety. I look upon the symbolization of the inner realm as my life task."

Hebbel knew that the essence of creative artistry is self-confession. He states: "No one writes but what he produces is autobiography and he does it best when he is least aware of that."

He was also clearly aware that his excessive sensuality was the source of his creative artistry: "Sensuousness is certainly the gamut of the soul," he stated and further: "Sensuality! Symbol of unquenchable spiritual longings!" (Usually the relationship is the reverse: the spiritual longings are a sublimation of unquenchable sensuality!)

The sexual instinct awakens precociously and with unusual driv-

³ *Dr. T. Sigaloff, Die Krankheit Dostojevsky's; eine ärztlich-psychologische Studie.* Ernst Reinhardt, München, 1907.

ing strength in artists. *Mantegazza (Psychology of Love)* properly looks upon the early development of sexuality as the sign of a rich and precocious nature. This is an observation which I am in a position to corroborate. Children mentally precocious are also precocious sexually. All neurotics show already in early childhood a strong manifestation of the erotic instinct-cravings. This very precocious development is what leads to extensive repression and consequently to neurosis. Subsequently these pent-up forces are sublimated and furnish the motive power for the artistic creations.

Hebbel, like *Byron*, fell in love during his fourth year. When he went to the *Klippschule* he was so embarrassed that he did not dare look up. "Finally I did so and my gaze fell on a slender, pale girl who was sitting squarely across from me; her name was Emily and she was the daughter of a *Kirchspielschreiber*. A passionate shiver went over me, the blood rushed to my heart; a feeling of shame, too, mingled with my first surprise and I lowered my gaze to the ground swiftly, as if I had committed some breach of decorum. From that moment Emily did not leave my mind; the school which I previously roundly hated became my favorite spot because it was only there that I could see her; Sundays and holidays when I was away from her, were days as hateful to me as I otherwise should have enjoyed them; I felt myself extremely unhappy whenever she was absent. Her image hovered about wherever I stood or went, and I never tired of whispering slowly her name to myself whenever I found myself alone; her black eyelids and her red lips were particularly what hounded me; on the other hand I do not remember whether I was impressed also by her voice, although in my later life the voice meant everything to me." He became a zealous student expressly in order to attract her attention. But in order to cover his passionate leaning he kept at a distance from her. In fact he was inclined to be sullen in his actual relations with her. But once when she had a fight with another boy, he attacked her antagonist, threw him to the ground and punished him roundly. But his beloved (obviously a little masochistic person) called for help and he was severely punished for his knightly deed. This trend which thus began in his fourth year continued to the eighteenth year.

Jean Paul who for a long time entertained the plan of founding an "*Erotic Academy*" and whose *vita sexualis* betrays that he was a typical neurotic (possibly *impotentia*?) also mentions a love affair which dates back to his early childhood years.

An entertaining account of childhood, obviously autobiographic in part, is found in *Salvatore Farina's* humoristic novel "*Mio Figlio*."

Gæthe, too, has shown a precocious awakening of the sexual instinct and at ten years of age he fell in love with a young French-woman, the sister of his friend, *Derone*. (*Dichtung und Wahrheit*.)

Dante also fell in love as a ten-year-old boy, and *Alfred de Musset* fell in love with his girl cousin when he was but four years of age.

Alfieri, according to *Lombroso*, fell in love at nine years, *Carron* and *Byron* at eight, *J. J. Rousseau* at eleven. *Tasso* was extremely dissolute during his youth and after his thirty-eighth year became just as severely puritanic; *Pascal*, sensuous during his youth, later went so far as to stamp even the maternal kiss as lascivious.

*Muthmann*⁴ draws attention to the following passage in *Stendhal's* reminiscences of his youth: "I was in love with my mother. . . . I wanted all the time to kiss my mother and wished that there would be no clothes. She too loved me devotedly and often embraced me. I kissed her with so much passion that she felt it her duty at times to avoid it. I detested my father, if he came in and interrupted our kissing; I always wanted to feel her breasts. Let one try to imagine how I felt when I lost her,—I was hardly seven years of age at the time. . . . Thus 45 years ago I lost the one being I loved more than anything else in the world."

We see here an instance of incestuous attachment such as may be proven to constitute the root of every case of neurosis. We shall have occasion to revert to that subject, particularly in connection with the analysis of *Grillparzer's Dream is Life*.

In my opinion the ages indicated above at which love first manifested itself are entirely too high. The fact is that the child's sexual life begins from the day of its birth. But the first episodes without exception become subject to repression. If it were possible for us to analyze the artists during life we would bring to light an entirely new group of facts. Usually the first childhood experiences pertain to autoerotic processes, *i.e.*, masturbation.

Numerous autobiographic data show that most artists have been excessively addicted to masturbation in their youth.

Strindberg, whose anxiety hysteria will concern us later more fully, refers to his habit of onanism in his "Confession of a Fool."

⁴ Cf. *Stendhal's Confessions of an Egoist*.

In that connection he expresses views showing that intuitively the artist is at times considerably ahead of many cotemporary physicians who fill volumes with awesome warnings against the alleged evils of onanism. The chief harm of masturbation lies in the struggle which it typifies against instinct, and the consequent depression and regrets,—the serious psychic conflict which it brings about.⁵

Excessive masturbation has been confessed by *Gogol*, *Raimund*, *Grabbe* and *Lenau*. But these statements, so limited in number, must not be considered exhaustive. Unfortunately but very few artists are well familiar with the sexual realm; and fewer yet know anything about the first autoerotic manifestations in their life.

The predisposition to conceive phantastic accounts of alleged personal experiences plays an important rôle in the mechanism of hysteria. Some hystericals in fact, are unfairly accused of lying. Unfairly,—because they are often unable to distinguish between truth and fancy. A very significant contribution illustrating the unreliability of those who are predisposed to fancy-weaving (cf. also the quoted confession of *Grillparzer*) is furnished by *Gottfried Keller* in his autobiographic novel, *Der grüne Heinrich*. As a boy seven years of age he conjured up a phantastic, almost incredible story and accused three older school-boys of a wrong with such strong plausibility, that they were seriously punished for it.

Keller himself was surprised at the aptness he displayed in forging the false story which ended with an exquisite masochistic fancy. He claimed that the boys had tied him to a tree and had forced him to utter obscene words.

He was not sorry for his deed. He relates:

"So far as I can dimly recall, the injustice I perpetrated not only left me indifferent, but I actually felt a certain measure of self-satisfaction to think that my poetic invention was rounded out so beautifully and had been dignified with so concrete a vindication; that something actually took place, that there was action and suffering,—all on account of my artistic imagination. I could not understand at all why the mistreated boys complained so and were so angry at me, for that fitting culmination of the story seemed to me self-evident and it would have been for me as useless to try to change the climax as for the gods to try to alter the decree of fate.

⁵ Some remarkable passages from *Strindberg's Inferno* and *Zones of the Spirit*, too numerous to quote, illustrate this truth.

"The involved boys were of the type already recognized in the years of childhood as respectable, quiet, settled boys; what made the situation particularly aggravating was the fact that they had previously given no occasion for any sharp reproach; and they have since grown up into quiet and respectable citizens. The recollection of my deviltry and of the wrong they suffered on account of it wrangled in their souls the more bitterly for that reason; years later when they reproached me for it I recalled the whole forgotten incident again very clearly and nearly every word of it came vividly back to me. Only then my conscience troubled me with redoubled anguish on account of my misdeed and as often as I thought of it after that the blood rushed to my head and I should have liked to shift the responsibility for what happened upon those easily misled inquisitors; I should have liked particularly to put the burden of guilt on that loquacious woman who picked out the obscene words and did not rest until she traced them back to a definite source. Three of my former schoolmates forgave me and laughed when they saw how the thing troubled me afterwards; they were pleased with the satisfaction I gave them when I recalled so distinctly every detail of the incident. Only the fourth one, a man with whom fate had dealt unkindly, was never able to bring himself to the point of distinguishing between the conduct of childhood and that of later life and he reproached me for the wrong I had done him as bitterly as if I had committed the deed that day and with the understanding of an adult. He passed me by with deepest hatred and if he cast on me a scornful gaze I felt myself unable to meet it for the wrong I had done weighed on me and it was something one could not forget."

We recognize in this fitting example an intimate relationship between hysteria and poetic inspiration. In fact every lie is an "inspiration". The hysterical, it is said, forges phantastic stories. But this tendency of expressing cryptic wishes under artistic forms lies at the root of all creative inspiration; similarly, the neurotic who constructs in symbolic language his symptoms shows a rather remarkable artistic ability. And dreams,—are they not but inspirations and artefacts? Do we not indulge in fooling—ourselves as well as others—in our dreams? Our dissatisfaction with this life compels us to seek refuge in a different, second realm of existence. Thus it turns out that the neurosis though causing on the one hand serious hardships, on the other fosters the possibility of artistic enjoyment.

IV

Gæthe who is looked upon as the picture of good health was a severe neurotic. According to *Möbius*, one would be almost justified to make the diagnosis of a light form of manic-depressive insanity. But particularly in *Gæthe's* case it is possible to show the one sidedness of the psychiatric standpoint which would relegate all men of genius to the category of degenerates. In this instance even the experienced eye of *Möbius* was unable to discover any hereditary taint. *Gæthe's* father was an overconscientious, pedantic, stubborn man, very inconsiderate of others, cool, envious and mistrustful towards his family. But these traits do not necessarily constitute a pathologic entity. He was a typical tyrant who contributed towards laying the foundation of a neurosis in the son by his strict hand against the latter.

Indeed, *Gæthe* was a neurotic through and through. Already during his youth he was tortured by hypochondriacal notions. He tried all sorts of dietetic cures. First he thought of coffee then of the sitting posture as the possible cause of his neurosis. He vacillated between care-free hilarity and melancholic indisposition. His well-known loss of blood (*Blutsturz*) at Leipzig appears to have been a hysteric haematemesis (spitting or vomiting of blood). During his convalescence he himself declares that his father thought he looked more "like a sufferer ailing in mind rather than like one whose body is ill." It was during that time, too, that he passed through the mystical-pietistic period which every neurotic goes through.

At Strassburg he showed the typical symptoms of a pronounced anxiety hysteria. He was extraordinarily excitable.¹ This sensitiveness is a very characteristic symptom of anxiety neurosis. *Gæthe* relates: "Any strong sound was disagreeable to me, morbid objects roused in me disgust and revulsion; I was particularly worried over dizziness which seized me whenever I looked down from a height." After meals he was troubled with laryngeal spasms so that he struggled for his breath. At the same time the trend of his instinctive cravings showed itself strongly from childhood; excessive sensuality, morbid jealousy, and a most dangerous ungovernable temper. When angry he was beside himself and broke pictures against the edge of the table, shot holes through books, etc. (Naturally these apparently senseless acts may be easily interpreted as symptomatic deeds.)

(To be continued)

ABSTRACTS.

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ABSTRACTED BY CLARA WILLARD,

WASHINGTON, D. C.

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1. A Case of Paranoia Seeming to Contradict the Psychoanalytic Theory of This Disease. SIGMUND FREUD. 97-98
2. Fatherhood and Narcissism. DR. THEODOR REIK. 99-100
3. Concerning the Erroneous Belief of Having Made a Mistake. DR. S. FERENCZI. 100-101

1. *A Case of Paranoia Seeming to Contradict the Psychoanalytic Theory of This Disease.*—Peculiar persecutory delusions of paranoid type in a young woman client having aroused the suspicions of a lawyer to whom she applied for protection, the lawyer referred the case to Freud for the latter's opinion concerning the sanity of the young woman. The case proved to be of more than diagnostic interest; it seemed to contradict the fundamental theories of psychoanalysis concerning the genesis of paranoia, in such definite manner, indeed, that the author at first hesitated to make the diagnosis of insanity, and was inclined to believe that the young woman might be the victim of a real persecutor. It is maintained in psychoanalytic literature that the paranoiac is engaged in a conflict against homosexuality based on a foundation of narcissism, and that the person regarded by the patient as persecutor is the one who has been the loved object. Combining these two principles, it is apparent that the persecutor must be of the same sex as the person persecuted. Under these circumstances, however, causal significance could only be attributed to homosexuality if it were found to be at the foundation of all cases of paranoia without exception. Cases have been described where the patients believed themselves persecuted by persons of the opposite sex, but a glance beneath the surface reveals the true persecutor, stripped of disguises, to be of the same sex. Neither the author nor any of his friends had ever before encountered difficulty in establishing the relationship of paranoia to homosexuality. In the author's present case, however, the girl seemed simply to have rejected the love of a man and then to have ascribed to him the rôle of persecutor. The man, with whom marriage was impossible from economic reasons, had persuaded the young woman to visit him at his rooms, where she permitted him to make tender advances. Immediately after the visit she developed the idea that he

had arranged to have photographs taken of her while in a compromising situation, and she interpreted sounds during the visit—ticking and knocking—as the clicking of a photographic apparatus. Two men whom she met on leaving the rendezvous she mistook for photographers. For a long time the author could find no trace of a female influence in the situation nor of a conflict against a homosexual attachment. Under these conditions the simplest way would have been to renounce the principle of the universality of the dependence of persecutory insanity upon homosexuality and face the consequences of such a renunciation. Mindful, however, of the grave mistakes that are often made because of the lack of thoroughness in the study of the conditions, he persisted in the analysis, with the result of finally discovering the significant fact. The young woman claimed that the man was using the photographs to destroy her reputation and no assurance on his part could disabuse her mind of this obsession. The person to whom her persecutor showed the pictures, she claimed, was an elderly woman “with white hair, like her mother’s,” the forewoman of the office in which the young woman was employed, who conveyed her disapproval of the young woman’s conduct by various secret signs of contempt. The forewoman of the office thus turned out to be a surrogate for the mother to whom the young woman had been devoted all her life, to the exclusion of all other attachments, and for whom she had sacrificed companionship of the opposite sex. The original persecutor thus stands revealed, and in this case, as in others, is of the same sex as the paranoiac. The love for the mother is at the bottom of the whole conflict, preventing the first step toward a normal sexual relationship. In the insane idea about the photographers the author sees a variation of the incident of spying on the parents in sexual intercourse which is rarely absent in the history of neurotics, and this idea furnishes the means of orientation in the analysis. The patient identifies herself with the mother, the man whom she was visiting is the father, and the spying must therefore be attributed to a third person. She has freed herself from her homosexual attachment to the mother by a regression—by taking herself as the love-object. That this regression is possible is further evidence of the narcissistic foundation upon which homosexuality rests.

The progress from an object of one sex to that of another is unusual, yet there are other formations beside paranoia presenting the same phenomenon. For example, in neurasthenics, where the sexual attachment is an incestuous one to mother or sister and where the sexual activity is limited to fantasy, a nonincestuous substitute is taken in fantasy because in this form the object becomes acceptable to the censor and is permitted to become conscious. There is, however, always a tendency on the part of the libido, in such cases, to return to previous positions. This tendency Freud calls “fixation,” and sees in it a factor resembling that which Jung has designated “psychic inertia.”

2. *Fatherhood and Narcissism.* When it is claimed that narcissism is the primary impulse of the personality the biological as well as other points of view must be taken into consideration. Said Freud "The individual has a double existence, as an end unto himself and as a link in the chain of successive existences. The latter rôle is thrust upon him against his will or, at least, without the active consent of his will. The individual regards his sexual life as one of his own special purposes, while from another point of view it is clear that as a whole he is a mere dependent on the germ-plasma which opposes its forces against the primariness of the pleasure principle. The individual is merely the temporary repository of a substance which may be immortal—just as an administrator of a permanent institution is only for a time an occupant of that place." In this sentence the problem of reproduction is for the first time touched upon by psychoanalysis. The question whether there is a psychic tendency to reproduction in addition to the two powerful instincts, self-preservation and the libido, is one of the most important of biology and psychology. It must be conceded that there are very powerful wishes and strivings in this direction in the human will—so powerful, in fact, that many writers have been led to assume a primary tendency of this sort. For example Havelock Ellis claims that in women there is an independent maternal instinct unconnected with the sexual libido, the desire to have children being often present where there is no inclination for sexual intercourse. The author, however, points out grave objections to this assumption: there is no tendency to reproduction in the soul of the child; this tendency is not universal in mankind; the desire never acquires the elementary urgency of hunger or the libido. The author would not, with Nietzsche, go so far as to say that the desire for reproduction is a pure myth, but would say that it is a mere biological problem, having no more representation among the psychic forces than has the fertilization of the egg, for example. The only elementary tendencies discoverable on the psychological side, without recourse to teleological hypotheses, he asserts, are those of self-preservation and of sexual appetite, and he denies that the desire for progeny is a direct product of the sexual instinct. The tender feeling for children arises because they are the result of sexual intercourse. Psychoanalysis has shown that the sole original goal of the sexual impulse is its satisfaction—a fact proved by the autoeroticism of infancy and by the perversions. For this reason in studying the psychogenesis of the desire for children (always, of course, leaving out of consideration biological determinants) the primary predispositions should be carefully traced through all their manifestations in character for the purpose of discovering whether the longing for children may not have origin in them. Taking first this desire in the male sex, Reik finds that it is composed of feelings which have long been recognized as effective in the family romance. Three principal traits have been distinguished, which, however,

are often merged into each other, namely, the feeling of enmity toward the father; then tender feeling—it may even be said homosexual feeling—toward the same man; the remnant of a narcissistic egoistic emotion which is expressed, among other ways, in the desire to be like the father even to the extent of having a child. In the main it is the continuation of these feelings, somewhat transformed at puberty which govern the future relations of father and son and the narcissistic foundation is particularly discernible in the wish of the father to be loved by the son. Then too in treating the son as a second ego, as continuation of his own personality, the father, through his hope in the child, builds up a defense against his own mortality. In the family romance the child, led by the unconscious, believes himself the offspring of high parentage—that his parents are not his real father and mother, but that he has better parents. So, led by the same impulse, the adult believes his own child to be the most perfect on earth—he glories in the traits of the child which meet his approval and is implacable toward what he considers its faults. According to the author the desire for children in women is also a substitute for repressed narcissism. In the child which she bears she feels vanity; a part of her body appears before her as a strange object with which she identifies herself, upon which she can lavish all the love springing from her own narcissism.

3. *Concerning the erroneous belief of having made a mistake.* It often happens that a person looks everywhere for his spectacles while all the time they are on his nose, or seeks his pocketbook only to find it in the place where he ought to have looked for it in the first instance. The author has analyzed several such cases, among others that a young man who, recovering from a state of intoxication, believed he had thrown his pocketbook into the sea (a deed which, says the author, would have been in accordance with the father fixation of the young man, *i.e.* “discarding the mother”), but who later found he had placed the pocketbook safely under his pillow. Another case analyzed was that of a physician who was awakened from sleep to treat a patient and who, after leaving the patient, was overwhelmed with the conviction that he had given the latter a dose of poison (a deed which might well have been an unconscious reaction to anger at having his rest disturbed) and later was relieved to find that he had administered a harmless drug with a name similar to that of the poison.

Behind beliefs of this sort, the author asserts, there seems to lurk a singular tendency to commit certain acts of an aggressive and dangerous sort whose path to motility is carefully barred in the unconscious, though these tendencies still have sufficient force to convince the actor that he has performed them—to deceive his inner perception. Normally it is consciousness which guards the way to motor determinants in the psychic apparatus, but in these cases the unconscious seems to perform this function, preventing the act forbidden by consciousness from being per-

formed under any circumstances whatsoever. This condition recalls that of fantasy in sleep, but in sleep the way to all motor activity is paralyzed. The mechanism by which this false belief in having committed a mistake arises, is the opposite of that in the symptom formation. In the former case the person believes the act has been committed, while in reality the motility has been properly censored; in the symptom, on the other hand, the repressed tendency finds its way to motor expression in spite of the censorship of consciousness and unnoticed by it. But both phenomena have one feature in common, namely, they indicate a discrepancy between the two psychic spheres.

(Vol. IV, No. 1, 1916)

1. On some of the broader issues of the psychoanalytic movement. JAMES J. PUTNAM, M.D. 101-2
2. From everyday life. DR. J. STÄRCKE, Amsterdam.
3. Professor Janet on Psychoanalysis: a rejoinder. ERNEST JONES, M.D., London. 102-3

1. *On some of the broader issues of the psychoanalytic movement.* The author believes that the psychoanalytic movement marks one of the most important advances in modern medicine. It is based on the recognition of emotional conflicts and their possible ill effects in the life of the individual. The results of the conflicts of childhood do not die and disappear. On the contrary they live forever, in an active form, and continue to produce effects as integral factors interwoven with the living fabric of temperament and character. The final purpose of psychoanalytic treatment is to conduct the patient's memory and insight back to the distant period of childhood when he began slipping, half unwittingly, under the domination of some strong craving which continues to make its power felt in mature life by virtue of assuming ever new disguises. The patient—every person—must assume later the moral responsibility for deeds and thoughts of the period of childhood, but if he is fortunate he may do so under the guidance of knowledge and reason and in doing this may obtain intelligent dominion over his cravings, stripping them of their disguises one by one, until it becomes clear just what it was that led him astray. As for the assumed usefulness of "repression," it should be remembered, the author emphasizes, that this is a word of double meaning; it is a good thing to repress on rational or moral grounds and in the interest of sublimation, the desire to yield to a temptation which one clearly sees; it is a poor thing to close one's eyes to a temptation to which one really yields. Describing the difficulties of the psychoanalyst in his attitude toward his patient, and the value of transference Putnam states that the patient should be brought to rely on himself and that certainly the only logical stopping place of the treatment is complete

"sublimation." Referring to the same cause of those relaxations of conscience and will involved in pathological cases admitting of psychoanalytic treatment, he says that in these patients the longings hark back to the less strenuous and more immature and infantile interests and the emotions which come to the front are necessarily those which it is proper to denominate as sexual, since it is around the—biologically and socially—enormously significant sex-instinct that these interests and emotions cluster, and from it they gain their color, and their emotional tone. Having learned all these, and many other kindred facts, one cannot longer wonder at Freud's dictum, namely, that no psychoneurotic (emotional) illness can possibly occur without a concomitant, and partly causal, ruffling of the vast waters of the sex-life. No one can make the most use of his powers, either of his personal happiness and guidance or in the interest of the community who is the victim of his own immature passions, prejudices, and superstition, and who continues through adult life the childish practice of using his imagination for inventing an unreal world of which he is the center and the hero. Such persons should be aided to destroy this great structure of a misguided fancy and self-love, by learning to see that from its foundations upward, it misrepresents his best desires. What every person wants is happiness and content. But these are to be gained, not by the cultivation of pleasures of the kind that exist in and for themselves, but rather through disregarding such pleasures in the interests of a broader life. How can a treatment through which the patient is enabled to see what is going on and to unmask the "confidence game" played by his lower nature on his higher nature, fail to commend itself as worthy of support, asks the author. The aim of the method which attempts this is, in general terms, to help toward the solution of the external problems of human beings, by helping them, in specific ways, to solve their internal problems.

2. *From everyday life.* (See abstracts of Vol. IV, No. 2.)

3. *Professor Janet on psychoanalysis: a rejoinder.* Jones finds that Janet's criticisms of Freud's views are unjust, saying that in abnormal psychology from time to time writers prefer to substitute a polemical discussion of a given investigator's views for a scientific criticism of them. If one sets out in such a discussion with the manifest object of discrediting the investigator in question the readiest method is either to distort his views or to impute to him views which he never held. This, Jones states, is what Janet has done, misinterpreting Freud's assertions, omitting portions which are necessary for the understanding of the text and, where these milder methods do not suffice, inventing entire points of view and imputing them to Freud's school. Over and over again, Jones asserts, Janet describes Freud's views in terms of traumatic memories, suppressing the fact that in the past twenty years Freud has

advanced far beyond this starting point. Of this order are Professor Janet's repeated statements that psychoanalytic interpretations are merely arbitrary, capricious, and "can with the greatest ease be varied in infinity." The statements are quite worthless, says Jones, for Janet simply does not know that the interpretations are exactly the reverse of this, being based on objective principles that have no reference to individual opinion, but only to the evidence of the facts themselves. At the International Congress of Neurology and Psychiatry, held in Amsterdam in 1907, Professor Janet dismissed Freud's theory as being merely "*une mauvaise plaisanterie*". It may be left to the reader's judgment to decide whether his present attempt at criticism has succeeded any better in contributing something of positive value to our knowledge.

(Vol. IV, No. 2, 1916)

1. Study of the earliest developmental stages of the libido. DR. KARL ABRAHAM. 103-5
2. From everyday life. (Conclusion.) DR. J. STÄRCKE, Amsterdam. 103-6

1. *Study of the earliest developmental stages of the libido.* The author cites various observations on children and neurotics confirmatory of Freud's view expressed in the "Three contributions to the theory of Sex" that, previous to the differentiation which takes place at puberty, having as result the centralization of the libidinous feelings in the genital region, there are various regions in the body which are erogenously sensitive. Even before Freud's time Lindner (1870) directed attention to the fact that sucking in children is of libidinous character and that preceding puberty the anal zone also possesses erotic value. Abraham adduces cases presenting positive and unmistakable evidence of a continuation of this infantile erotic condition into the life of the adult. He also seeks to give a foundation for emotional disturbances (depressions) in accordance with psychoanalytic theory *i.e.* the theory that these morbid states arise as result of the undue persistence of infantile sexuality. He finds in varying phases of these same infantile conditions the factors which determine the particular forms taken by the neuroses in individual cases.

The first case described by Abraham is one of so-called dementia precox simplex. This form of dementia precox is characterized by the same changes in emotional and instinctive life as the other forms but the patients are not accessible as the disturbances of psychic life are less profound. The author's patient, a youth, had succeeded in completing the high school, but on beginning his academic course his conduct was so obviously abnormal that he was brought to the author for treatment. His behavior resembled that of a shy child; all efforts to interest him in the external world were unavailing, his attention being exclusively

centered on the processes in his own body. He had formed the habit of anal masturbation and the buccal erogenous zone played a very important part in his affection. He had never abandoned the infantile habit of drinking milk. He derived a curious pleasure from this habit and had devised a peculiar way of drinking the milk (which he always took luke-warm) by curving the tongue—as though he were sucking. During the night when he could not sleep drinking milk gave him the same satisfaction as masturbation. The author states that in this case there could be no doubt of the sensitiveness of the mouth as an erogenous zone; the patient himself spoke of the fact as though it were one well recognized by all the world, even referring to “mouth pollutions”. Abraham further cites instances illustrating the effect of late weaning on psychic life. Many children, from economic or other reasons, are not weaned until they are from four to six years of age, with the result that the earlier erogenous zones preserve extraordinary sensitiveness, which may in those who are predisposed, lead to various neurotic manifestations revealing imperfect centralization of the libido in the genital regions. Strong libidinous excitement, against the recognition of which consciousness vigorously strives, may be hidden behind the feeling of rabid hunger—as result of the persistence of the erogenous quality of the buccal region. The patient himself is far from suspecting the source from which the neurotic symptom receives its overpowering force. Those neurotics whose sexual life is more or less dependent on the sensations associated with the reception of food into the body or with the sucking of objects of food, show, as adults, little inclination to suck their fingers. On the other hand, neurotics who are inclined to suck their thumbs as a rule manifest no special libidinous exaggeration of the desire to take food. This latter class of patients present a higher stage of development of the libido than the former; the oral zone has in so far attained a certain independence that the libidinous satisfaction is no longer connected with the taking of food, without, however, having found an external object. The intensity with which neurotics cling to the stimulation of the mucus of the lips finds an exact parallel in the behavior of children. From the earliest period of life the infant becomes deeply absorbed in sucking the “comforter”, sucking the hands, and grasping the fingers with the mouth. This tendency is outgrown in normal adult life, and the only trace left of it is where stimulation of the oral zone served as a normal expression of love of the object. In neurotics the mouth sometimes serves to such a degree as an erogenous zone that it loses its proper function and the patients become unable to speak or eat. Many persons who are able to sublimate some of their erotic tendencies find it impossible to devote themselves to their interests in life unless their infantile cravings are granted a share of satisfaction. For example many persons cannot think with concentration without sucking their fingers, biting their pencil, or smoking incessantly.

It is impossible to draw a sharp boundary line between instances of this sort which may be considered normal and those which must be regarded as pathological. There is no doubt that the satisfaction of sexual demands have strong influence on emotional conditions. Healthy persons, however, are able, within certain limits, to dispense with habitual satisfactions and may attain to substitute sublimations. For neurotics all such measures are unavailing; their libido demands constant satisfaction and, failing this, the result is strong emotional reaction. The author is of the opinion that sufficient attention is not given to these sources of emotional unbalance in neurotics. That excitements and depressions are often due to infantile fixations and unsatisfied oral erotic craving is shown by the measures found effective in relieving these conditions—administration of medicine with no curative virtues, having nurses give soft food to the patients while these latter rest in bed, etc.

Finally the author explains the refusal of food by neurotics and the apparently irreconcilable fear of starving to death, which are the two most marked features of depressed conditions, as both due to the same infantile cravings. It might at first glance seem that the refusal of food arises from suicidal tendencies, but the question arises why is such a slow and tedious process chosen, and whence then arises the fear of starvation? This latter trait is especially frequent in the depressions of the involutional period, and is clearly connected with the reduction of sexual activity, being a return to infantile interests connected with the oral and anal regions. The mechanism of the refusal of food in depressed conditions is closely related to the very earliest phylogenetic cravings which prompt to the incorporation of substances in the body—to the primitive cannibalistic tendencies. In the effort to repress this cannibalistic tendency from consciousness a condition arises akin to the cannibalistic taboo in primitive man. This idea being clearly understood the explanation of the fear of starving to death follows naturally. The cannibalistic instinct, like all primitive cravings, may undergo transformation; it is changed into anxiety, and the patient is harassed by the fear that his oral zone will never receive the satisfaction craved by the unconscious, that is, he is obsessed by the fear of starving to death. There is a fundamental resemblance between the compulsory neuroses and depressions; both are sadistic; in both there is an effort to annihilate the object. The person suffering from compulsive neurosis seeks to use harmful force on the object; the depressed person, to consume the object.

2. *From everyday life.* The author describes a series of instances from his personal experience in which he traces the forgetting of names and the replacing of certain names with others to the active agency of repressed wishes. He gives elaborate diagrams showing detailed as-

sociations but these latter are mostly of word sounds and do therefore not admit of translation into another language. Examples of accidents are also given in which the missteps or faulty movements amounted to symptoms and were clearly the expression of repressed wishes. One example is that of a woman who was expecting to become a mother. The time of her confinement was overdue and she was looking forward to the ordeal with anxiety. Wishing to stir the fire she mistook the handle for lowering the grate in the stove for the one designed for shaking down the ashes, with the consequence that the fire fell from the body of the stove—a symbol for the unconscious wish to expel the contents of the womb. Other examples of similar nature are cited.

Miscellaneous Abstracts

Behaviorism and Psychoanalysis. By THEODORE SCHROEDER. *Psyche* (London) 3 (no. 1): 71–81, July, 1922.

This essay is designed as a contribution to the definition of the psychoanalytic approach, by contrast with Watsonian behaviorism. Watson's approach to psychology is by the laboratory route, and postulates an absolute materialist monism; Watson repudiates such concepts as: consciousness, perception, image, etc. With this much known, the regular readers of this REVIEW will be able to guess the main trend of the criticism or contrast. This abstract will be therefore limited to a statement of the psychoanalytic implications of Watson's philosophic predisposition, and of other philosophic systems.

Watson contends that: "The process of intelligence is something that goes on, not in mind, but in things." This is deemed the counterpart to Mrs. Eddy's "Allness of mind and nothingness of matter." Both these absolutes indicate in their proponents an immature urge to achieve omnipotence, and omniscience, which alone can assume to deal with absolutes. With greater maturity we know that we see only incomplete aspects of things and their ways, and achieve only relative degrees of approach to the truth, and void our minds of absolutistic tendencies.

Watson's absolute materialist monism, and Mrs. Eddy's absolute idealist monism express different aspects of the same internal conflict. Where Mrs. Eddy makes her escape from a painful situation by denying the related physical factors (see: *Christian Science and Sex*, N. Y. Med. Jour., Nov. 27, 1920), Watson accomplishes the same phantasmal escape by denying the existence of all consciousness of it and of mind itself. Watson shows the workings of his fear psychology in several ways. He confesses that he is deterred from discussing certain emotions, instincts, habits. The explanatory cause "is that the discussion of the total activity involves a frankness in dealing with human (sex) nature which the American school public is not yet educated to entertain."

"The psychoanalyst recognizes, seeks to explain, and to help the public outgrow its emotional conflict over sex, and its consequent hostility to the enlarging of our understanding concerning the sexual nature. Watson evades the conflict, for he does nothing to minimize the sexphobia in others, which he admits makes him fearful. Perhaps he can explain this greater predisposition to fear, in terms of his own biochemical action. The psychoanalyst sees it more clearly in another aspect, as an extravagant affect, which can be understood and modified through the psychoanalytic approach, as well, and sometimes better, than through the endocrine glands, diet, etc. In this choice of Watson, to fight a few psychoanalysts rather than to fight the vastly more popular sex-superstition which also confessedly oppresses him, some will see an important factor of Watson's personality. From the psychoanalytic point of view this can be partly, and at least equally well explained in terms of certain peculiarly personal affect-values, which Watson has been compelled to attach to matters of sex." * * *

"Let me exhibit one choice of Mr. Watson's that concerns only a single word. * * * In one place, Watson writes: 'As a science, psychology puts before *herself* the task of unraveling,' etc. By thus writing of 'psychology' as a female, Watson made a choice which I venture to guess was not determined by conscious or discovered biochemical processes, of which he was aware at that time, and which he can now explain as he then understood them." * * *

"Others, working under a different set of affect-values, would have constructed a different sentence to express the same thought. Thus: Psychologists put before *themselves*; or: Psychology puts before *itself*. A woman psychologist, more obsessed by maleness than by the rhetorical habit of male predecessors, might have written, 'As a science, psychology puts before *himself* the task of unraveling,' etc. From the psychoanalytic approach each of these choices but reveals the present dominating affect-value, which was probably acquired through the past sexual life of the person who makes the choice."

"Now then the psychoanalyst, seeking to understand the Watson personality in terms of a dominant compulsion, and of the psychogenetics thereof, can see a quite clear causal unity between the above choice of femaleness and several other of Watson's choices. First, we have the relative obsession with femaleness which compelled him to feminize psychology. Second: His feminized psychology has a will, of which he does not know the meaning. Third: A fearful attitude towards the popular sex-phobias. Fourth: A corresponding aversion to the 'psychoanalysts' claim that they can trace such fearful affects, back to their causes in the individual's sexual past, and to the emotional tones (of shame and fear) then acquired. Fifth: The psychoanalyst may also see in such past the genesis and development of an impulse to exclude some

painful experience from consciousness, and a resultant declaration by Watson that he does not know what others mean by consciousness. Sixth: From a deductive application, of psychoanalytically revealed mechanisms, one can easily get a working hypothesis to explain Watson's necessity for defending an absolute materialist monist philosophy, and for repudiating a concept of consciousness, sensation, perception, will, image, etc." * * *

"Now I wish to suggest how philosophers are further explainable, from the viewpoint of a complete determinism, in which our theories and thoughts are considered as tools of the personality, just as are our hands and hearts. If the internal conflict is intense enough, the tendency always is to try to deny *in toto* some generalized manifestation, or association, of the painful factor of experience.

"Where the internal conflict is rather mild, the urge to identify oneself with absolutes is less potent. Accordingly, we find the tendency is to dualism or pluralism. Thus come philosophic theories of interactionism, parallelism, and James' pragmatism, and pluralism. With only a little more of intensity the parallelism sometimes becomes a bit lopsided, and more emphasis is placed upon one aspect than upon the other. Such victims of the subjective conflict tend to intellectualize, and more exhaustively to rationalize one or the other aspects of these conflicting tendencies. Then we get from them debates, as to whether mind dominates over matter or matter over mind. 'How did the mind get a body?' etc. Here they recognize with unequal prominence both aspects of the ultimate unknowable cosmic stuff, but seem not to make an efficient coördination. At best, we here get theories of a more equalized interactionism, which, however, assume that mind and matter are distinguishable and separable entities. These must be considered as separate entities because the underlying conflicts, within the personality, will not permit of the more complete integration."

"In the approximate absence of emotional conflicts, which means a more unified personality, I should expect a tendency to see matter and force, in their evolution to brain and psyche, to be viewed as but different aspects of the same organic unity. Then the argument will run thus. Matter and force (brain and psyche) cannot be known in themselves, nor have ever been known (in the living state) to have a separate existence. Death is merely a condition in which the psychic aspect is in a state of disintegration, and regression to the biochemical level of energetic manifestation. So we come to the conclusion that force and matter (brain and psyche) are but different aspects of the ultimate and unknowable cosmic stuff. So again our psychologic past predisposes some of us toward the double-aspect hypothesis held by some of our philosophers." [Author's abstract.]

VARIA

My dear Dr. White:

I, too, have been quite besieged by inquiries concerning the so-called "New Nancy School," since the publication of Baudouin's book and since it became known that I had visited M. Coué.

Now in so far as the book aims to give an account of what this very genial and honest old Frenchman is trying to do as a healer, since he is not a physician, the book is thoroughly mischievous, since it exaggerates to the point of distortion what is actually being done by Coué. After discussing the book with Coué, I am convinced, and so does he appear to be, that Baudouin's main objective must have been the exploitation of an opportunity to write a book and Coué rather laughs at the strained and fantastic formulations with the incessant reiterations, "the New Nancy School," that the book reflects.

Personally, I could not get myself to feel that there is anything that is particularly new in Coué's procedure outside of the deliberate attempt which he makes to put over to his patients either by means of direct lecturing or through hypnoidal suggestions the various notions concerning the power of mind over matter, the marvels of autosuggestion, et cetera.

I was, on the other hand, thoroughly carried away by the man back of the procedure, whose honesty, lack of affectation and keen insight into human nature are quite sufficient to account for his success. He is actually doing a tremendous lot of good to countless numbers of neurotic, intimidated individuals who get from him a decided boost to their morale. Of course the majority of his patients, at any rate the more intelligent ones, come to him filled with a thorough disgust for the current practices of some of the respectable physicians, having been diagnosed to the very limit of ultra-scientific procedure and finding themselves after it was all over just about where they started. They are thus quite naturally in a very receptive mood for this new wonder-working approach to their difficulties which Coué succeeds in convincing them they carry within themselves.

I need not tell you, of course, to what extent the setting contributes to this success. Coué lives in a very charming French garden on the Rue Joan d'Arc in the city that has been famous for its psychotherapeutic wonders. The trick of the designation, "the New Nancy School," for which, however, Coué is not responsible, also helps not a little. While he has people coming to him from practically every country in the world, the majority of his patients, at any rate enough to make the setting what it should be, consists of simple French peasant folk with their innate

thorough preparedness for just such an approach to their ailments. I am convinced the thing could not be pulled off in America, certainly not in the manner in which Coué proceeds, the group method of treatment, although I may be wrong in this since so far as I know it has never really been tried here.

The most interesting of my experiences, however, relate to the manner in which I got in touch with Coué. From reading the book I naturally got the impression, especially since the phrase "the New Nancy School" was so constantly reiterated in the book, this enterprise was being carried on in connection with the Medical Faculty of Nancy and on arriving there went directly to the University. Well, the first professor to whom I addressed myself with the inquiry as to where I could find Professor Coué, nearly took my head off and I actually believe would have assaulted me right there and then had he not been restrained by his innate French politeness—all of this, of course, because of the serious indignity I perpetrated in thinking, even, that this man Coué was affiliated with the faculty of medicine. He volunteered, however, the information that there was a man somewhere in Nancy who called himself Coué, but that, of course, he could not be expected to know anything about him.

Somewhat surprised at this reception and really wanting to get a look at the medical school aside from my interest in Coué, I went to see the registrar. He likewise knew nothing about him but looked up the various physicians' registries of France and assured me that no such man ever graduated in medicine in France. We then talked about the present status of psychotherapy at the University and you can get some idea of what their attitude is when I tell you that after the death of Bernheim they banished his book from the library and the students are being protected from any contact with this evil smelling thing. Is it any wonder that the Coué's are having such a fine time of it when the medical fraternity still persists in its vicious stupidity about these matters?

Failing to get any line on Coué at the University, except of course to sense what a real thorn in their flesh he is, I wandered out into the market place and approached the first cabby with the question as to whether he knew where a Mr. Coué lived, whereupon he threw up both arms in the characteristic French style, exclaiming, "Ah, M. Coué, he is the greatest doctor in the world! Everybody goes to him! Who does not know M. Coué? If you are sick, Monsieur, I am sure he will get you well."

I imagine that is the kind of reception everyone who comes to Nancy to inquire about Coué must receive, and of course half of Coué's battles are thus won for him. The strangest part of it all is that Coué is honest enough to tell to what extent he appreciates these side issues which go to make for his success.

I saw him treat all sorts of cases, organic and functional, having been

with him for several days. In a good many of the cases I saw very definite beneficial results and in a good many others I was more or less convinced that he had started the patients on the road to improvement at any rate.

Of course Coué is thoroughly convinced that all organic conditions, just so they are not acute and immediately threatening to life, can be successfully treated by his method, and does not make any pretensions whatever at attempting a diagnosis of his case. In many instances the patient brings to him well corroborated and well established diagnoses, since many a doctor has had hold of the case before. His actual procedure is somewhat as follows:

The patients gather in a little house in his back garden, almost a shack, and devoid of furniture except for benches around the walls, in two communicating rooms. I have seen, I think, scores of patients at one time gathered in this garden hut, and Coué going from one to another, conversing very briefly with them about their difficulties and telling them in an off-hand fashion that he has had such and such success with such cases, et cetera, after which he picks out some cases that he has successfully treated and in the gathering there is usually at least one case of that sort, and points the moral to the rest of the patients. The selected patient is given an opportunity to make the most of these experience meetings.

Coué then addresses the crowd on the general principles of suggestion and autosuggestion and the power of mind over body, et cetera, telling them in an off-hand fashion and with a very shrewd purpose to close their eyes while he is lecturing to them. This lecture lasts for about an hour, during which a goodly percentage of the patients fall into some degree of hypnosis. He then strengthens these general suggestions by touching the affected part of the patient and bringing the suggestion more directly home to him. Then everybody wakes up feeling fine and they are dismissed with the assurance that everything is going to be all right.

Now and then he illustrates the principles of suggestion by picking out the most apparently suggestible of the crowd and making him give actual evidence of the power of suggestion by suggesting to him various disabilities and other tricks of that sort. You see, on the whole it is the same old pack of tricks, only it seems to me carried on by a thoroughly honest old fellow. He is very intelligent, cultured and rather free from any strong economic motives. A rather unkempt looking housekeeper distributes pamphlets to the patients upon their dismissal, for which she charges them a franc or so, and that is apparently the only fee the patients are expected to pay although of course they may pay him all they feel like. But the whole picture impresses one as being rather devoid of the economic bias.

This, in brief, is a general description of my experiences at Nancy. It is a pity, as I have indicated in my review of Baudouin's book in "Mental Hygiene," that Baudouin has given such a distorted picture of the thing Coué is endeavoring to do, and Coué himself impressed me as being rather annoyed with this ambitious stunt of Baudouin's. He had not seen Baudouin in months and he knew very little of his whereabouts at the time I saw him.

It seems that Baudouin got his impressions of Coué's work in a rather cursory sort of way and he was carried away with the urge to write a book.

* * * * *

With kindest personal regards, I am

Very cordially yours,

BERNARD GLUECK.

An External-stimulus Dream with Somnambulistic Epilogue.—I am an engineer engaged in transoceanic communication. My work consists in supervising the operation of certain apparatus during an eight-hour shift, which changes each week. During one of the shifts, that from midnight to 8 a. m., I use an alarm clock set to ring every half hour, for if I should fall asleep for a protracted period, it would have the effect of reducing the efficiency of the circuits for which I am responsible. One of my duties, also, is to make entries at half-hour intervals in a log-book. As I sleep very little, if at all, during the daytime, towards the end of the midnight-8 a. m. week the alarm clock occasionally fails to wake me up. In these instances the ringing of the bell, lasting some ten seconds, is incorporated as a part of the dream-work. The following dream is an example of this mechanism:

"In company with several physicians, I was making observations at a hospital for insane patients. The hospital was located at a certain summer resort, where I had recently passed a few days. The location is of course an incidental wish-fulfilment. As we were strolling about the grounds, there was a commotion, and the news was circulated that the trustees of the hospital had displaced the superintendent, who was a very *old, benevolent, and familiar* physician. His successor appeared,—a man of about forty, imposingly large and burly, but when he began to speak, we heard an extremely high-pitched voice, which, coming from such an individual, sounded incongruous and peculiarly irritating. (The ringing of the alarm bell.) The newcomer issued a string of peremptory orders, keeping up an incessant stream of talk for some time. I remember only one thing he said: that he was *legally* entitled to his position. But he was not obeyed. Together with the psychiatrists, I refused to move, and made some disparaging comments."

The analysis of this dream is of course obvious; it is simply a

dramatization of the conflict between the urgent physiological need for sleep (the old, benevolent, and familiar medical superintendent), and the interloper symbolizing the necessity of getting up at the ringing of the alarm. The biological morality prevailed, and I slept for about half an hour after the alarm was released. The result was that I missed a log entry. I woke up with this omission on my mind.

Although I am not a somnambulist and normally sleep soundly and quietly, when I sat down at the typewriter I fell asleep again, and, in place of the usual remarks giving a brief account of the conditions on the various circuits, wrote down the following sentence, which I erased ten minutes later on becoming thoroughly awake:

"Sneezing, snoring, coughing, etc., held to be against executive edict."

This entry was put under time 4.00 a. m., and was followed by a correct technical account of conditions at 4.30 a. m., when I awoke after the dream. That is, the somnambulistic entry excuses the missing 4.00 a. m. item, by pretending that various involuntary activities,—sternutation, etc., and inferentially sleep, only then became forbidden; and this is followed by a proper entry at 4.30 a. m. Symbolically there was, therefore, no infraction of the regulations. There is also an element of malicious irony in the idea of prohibition of activities on the order of those enumerated.

Both entries were made with proper punctuation and spacing, and in appearance could not be distinguished from earlier conscious notations.

The other engineers have had similar experiences. It appears that cumulative fatigue due to lack of sleep will give rise to adaptive somnambulistic actions of this sort, even in the absence of photodeterminants, muscle eroticism, etc., as found in Sadjer's cases of moon- and sleep-walking.

CARL DREHER.

BOOK REVIEWS

THE RURAL MIND AND SOCIAL WELFARE. By Ernest R. Groves. Published by The University of Chicago Press, Chicago, Ill. Pp. 198.

Professor Groves has given us a stimulating essay on rural sociology. For those who are not afraid of work it breathes a practical optimism in its recognition of the innumerable factors available for a practical constructive program of rural betterment. He lays down the guiding principles underlying such a program of ways and means and his arguments are the more convincing coming from one who has lived in the rural community and knows it from the inside. The aspect of the book which must particularly appeal to readers of this REVIEW is his recognition of the psychological importance of the instincts for any understanding of human behavior. Under this head he includes roughly for practical purposes the herd instinct, the instinct of self-assertion, the parental and the sex instincts, fear, pugnacity, curiosity, workmanship, acquisition and play. His chapter on the country church and the rural mind is particularly good.

WHITE.

MENTAL DISEASES: A PUBLIC HEALTH PROBLEM. James V. May, M.D. Published by Richard G. Badger, Boston, 1922. Pp. 544.

Dr. May's book strikes a distinctly new note among the works devoted to the treatment of mental diseases. May takes up the subject from the standpoint of Public Health. He is not preparing a textbook, but is undertaking a survey of the mental disease problem with the hope of stimulating a more comprehensive, systematic and adequate investigation of this important field in the future. In undertaking this method of approach necessarily there has to be a considerable resort to statistics. We have, as the author indicates, no really reliable information as to the incidence of mental diseases in the community, certainly nothing at all comparable to the information of the incidence of contagious diseases. The only available way of approach to gaining an idea of what this incidence may be is from the statistics of the various institutions throughout the country that care for the mentally ill, and while the author disclaims any tendency to overestimate the value of statistics, still he feels the necessity, so far as possible, of sticking close to the facts rather than wandering off into the region of abstract theories or individual observations.

As might be expected from this way of dealing with the subject, the first chapters contain a very considerable mass of statistical information

with regard to the different public health aspects of mental disease in relation to other diseases. Following this the social and economic importance of mental diseases are discussed. From this point on the author discusses the evolution of the modern hospital for the insane, the organization and function of state hospitals, and gives briefly a statement of the present status of legislation and the methods of their administration. Following these chapters he discusses the development of the psychopathic hospital and the mental hygiene movement. From here on the book is more particularly devoted to a discussion of mental diseases as such; starting with a chapter on etiology, he follows with a discussion of immigration, criminal responsibility, psychiatry and the war, endocrinology and psychiatry, the modern progress of psychiatry, which is a very excellent historical brief, and then with a preceding discussion on classification, he plunges into a description of the separate psychoses, the chapters devoted to these subjects comprising the rest of the book.

The book is well written and contains a large amount of useful information and should be in the library of every state hospital.

WHITE.

THE TECHNIQUE OF PSYCHOANALYSIS. By David Forsyth, M.D. Published by Moffat, Yard & Co., New York, N. Y., 1922. Pp. 133.

Psychoanalysis in its various ramifications has created a large literature, some of it propaganda, some of it highly technical, and a not inconsiderable amount directly antagonistic. One therefore scans quite carefully a new book to see to which class it belongs and what purpose it will serve. The present book occupies rather a unique place in the literature of the subject. In the first place it is written by a man of large experience, a man who thinks for himself, and who is a clear and convincing writer. In the second place, the book is addressed apparently not to the general public, but to beginners in psychoanalysis,—physicians who desire to acquaint themselves with the technique in order that they may use it, and finally its reading is so straightforward and simple in style that despite the fact that the author presupposes a certain amount of acquaintance with the subject beforehand, it would almost seem that that was unnecessary.

The book devotes a chapter to the analyst himself, a chapter to the prerequisites of the treatment, a chapter to the analysis proper, and three chapters to the transference, the resistance, and the termination of the analysis, respectively. The reviewer can recommend this little book to beginners most heartily. It is full of wise precepts and warnings, which, if they are heeded will keep him from many embarrassing difficulties and at the same time will assist him materially in helping his patients. The chapter on the transference is particularly good because

this is one aspect of the subject which draws the shafts of the critics and which it is difficult to find adequately treated in accessible literature. In fact the chapter on the transference is not only good medicine for the beginner in psychoanalysis, but it might be read with profit by every physician. It is high time that the transfer should be more definitely appreciated for what it really is and that psychoanalysis should be credited with attempting for the first time to understand the relationship between patient and physician and to understand it for the purpose of utilizing the dynamic factors involved as therapeutic agents.

WHITE.

SIGNS OF SANITY AND THE PRINCIPLES OF MENTAL HYGIENE. By Stewart Paton, M.D. Published by Charles Scribner's Sons, New York, 1922. Pp. 241.

Dr. Paton has given us another one of his very timely and readable books and one calculated to emphasize the need of mental hygiene in all its larger aspects as presenting a point of view which is essential for the immediate present and the succeeding social changes if they are to be progressive. In his introduction he suggests that it is far more important to make democracy safe for the world than the world safe for democracy. "If civilization as well as democracy are to be saved, it can only be done by making man literally the first and most important study of man."

WHITE.

NEWS

The United States Veterans' Bureau offers a special course in neuropsychiatry to a certain number of qualified physicians on condition that upon completion of such course they will continue in the service of the Bureau for a period of at least two years thereafter.

The policy of this Bureau is to provide expert medical attention for the disabled veterans so that everything possible may be done to restore them to health and a proper status in civilian life. To maintain this policy in the opening up of new hospitals, and being unable to secure the required number of specialists in nervous and mental disease, it becomes necessary to instruct a staff of our own for this line of work. To this end a systematic and comprehensive course in neuropsychiatry has been carefully outlined consisting of 186 lectures and demonstrations and some 430 hours of clinical and laboratory work. Each course will be for a period of about four months. There will probably not be more than two courses annually. Courses will be offered as long as it appears necessary in order to meet Bureau requirements. Instruction will include the necessary reviews of the fundamentals, followed by clinics and lectures on the various forms of nervous and mental diseases, including endocrinology. Special attention will be devoted to diagnostic methods, the general care of patients, and methods of treatment. Students will have actual experience in practical work. General problems of hospital administration, medico-legal questions, rehabilitation methods, psychometric examinations and other related matters will be adequately dealt with.

The main part of this course will be given at St. Elizabeths Hospital, a government institution for the insane at Washington, D. C., which offers unusual and unexcelled facilities for such work. There are 4,000 patients and case histories of more than 20,000 discharged patients immediately available for study. Here are all classes of nervous and psychotic diseases, while other public hospitals in Washington will provide abundant clinics in so-called functional diseases, borderline cases, and the milder types.

The teaching staff that has been selected to give this course in neuropsychiatry is significant. Besides the members of the staff at St. Elizabeths there will be lecturers from the Medical Departments of the Army, the Navy, the Public Health Service, the United States Veterans' Bureau and the U. S. Department of Agriculture. A number of America's most eminent neurologists and psychiatrists will come to deliver lectures on special topics.

As the number of students that can be accommodated is limited, early application for each course is desirable.

The following is a partial list of the special lectures that will be given:

LECTURERS IN COURSE ON NEUROPSYCHIATRY FOR STUDENT OFFICERS OF
THE VETERANS' BUREAU

- Dr. George S. Amsden:* Physician, Bloomingdale Hospital, White Plains, N. Y. THE STUDY OF THE PERSONALITY.
- Dr. C. S. J. Butler:* Commander, Medical Corps, U. S. N., in charge, Naval Medical School; Professor of Tropical Medicine at George Washington University, Washington, D. C. NERVOUS AND MENTAL SYMPTOMS IN SOME TROPICAL DISEASES.
- Dr. Walter B. Cannon:* Professor of Physiology, Harvard University, Boston, Mass. EMOTIONS FROM A PHYSIOLOGICAL POINT OF VIEW.
- Dr. L. Pierce Clark:* Consulting Neurologist to Craig Colony for Epileptics, New York, N. Y. THE EPILEPSIES—DIFFERENTIATION AND TREATMENT.
- Judge R. W. Cooley:* Special Legal Advisor, Veterans' Bureau, Professor of Law, American University, Washington, D. C. MEDICO-LEGAL PROBLEMS IN THE HOSPITAL WORK OF THE VETERANS' BUREAU.
- Dr. C. B. Davenport:* Director, Station for Experimental Evolution of Carnegie Institution, Cold Spring Harbor, N. Y. HEREDITY IN NEUROPSYCHIATRIC CONDITIONS.
- Dr. S. I. Franz:* Director of Laboratories, St. Elizabeths Hospital; Professor of Experimental Psychology, George Washington University, Editor of Psychological Bulletin, Washington, D. C. THE FUNCTIONS OF THE NERVOUS SYSTEM.
- Dr. Joseph Goldberger:* Surgeon, U. S. Public Health Service, Washington, D. C. NERVOUS AND MENTAL CONCOMITANTS IN PELLAGRA.
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2. Must be between twenty-three and forty-five years of age.
3. Must be a graduate of a Class "A" Medical School with at least six months' service as interne in a general hospital or its equivalent.
4. Must present a certificate from the Dean of his Medical School as to his professional ability, his personal suitability, and his moral character.
5. Must be able to show by recent medical examination certificate that he is in good health and physically fit.
6. Must sign a statement that he will give at least two years' professional service to disabled veterans after completion of the course.
7. Must submit with his application a recent photograph of himself.

Ex-service men who have been honorably discharged will be given preference.

Other things being equal, members for the course will be selected in the order of their application.

Students who are authorized to take the course who are not already in the employ of the Veterans' Bureau will receive a salary of \$166.00 per month, with no allowances, while taking the course.

On satisfactory completion of the course members will be recommended for the grade of Passed Assistant Surgeon in the Reserve Corps of the U. S. Public Health Service, or they will become eligible for employment as Class "B" physicians under the U. S. Civil Service Commission and assignment to duty with the U. S. Veterans' Bureau. These salaries range from \$3000 per year, upward.

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Approved:

T. H. SCOTT, Acting Director.

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